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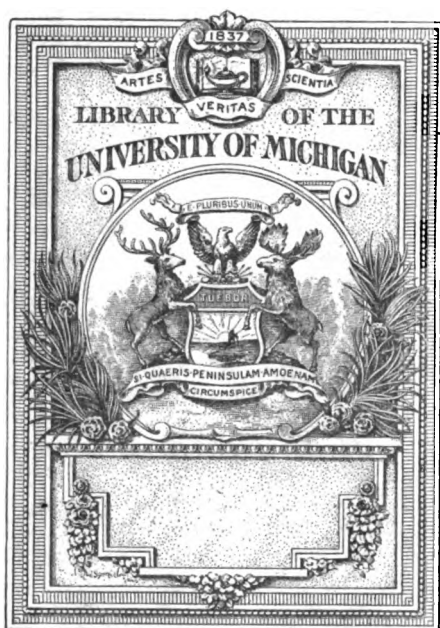
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A STUDY OF GUNSHOT
WOUNDS OF THE HIP-JOINT:

WITH A REPORT OF THREE CASES.

A Paper read before the Academy of Medicine,
December 2, 1889,

BY JNO. J. KANE, M.D.,

Professor of Descriptive and Surgical Anatomy,
Woman's Medical College, Cincinnati;
Surgeon to St. Mary's Hospital, Cincinnati;
Late Captain Medical Corps U. S. Army.

Mr. President and Members:

It has been my fortune to treat three cases of gunshot injury of the upper portion of the femur, with involvement of the coxo-femoral articulation, and a review of these cases, I trust, will be of interest, for wounds which almost invariably prove fatal should attract our attention more forcibly than those of lesser gravity. Though these injuries heretofore have been looked upon as almost hopeless, yet let us hope that the surgical practice of the future may achieve still greater triumphs and in these cases offer results of a more cheering character—results which will compare as favorably with those of the present time as present results in many operations and injuries compare with those of the past.

The pathological specimens in these three cases are in the Army Medical Museum, Washington, D.C. In Case I, the specimen is numbered 7038; in Case II, 7255; and in Case III, 7290. In addition, specimen 7292 shows two pieces of the bullet which inflicted the damage in Case III.

CASE I.

Partial shot-fracture of the neck, trochanter minor, and upper part of the shaft of the left femur; death from exhaustion.

Reese T., private "D" Troop 9th U.S. Cavalry, aged twenty-three years, was shot in a brawl about midnight on the night of November 17, 1879, and was admitted into the hospital at Fort Union, New Mexico, on the 18th about 7:30 a.m. The weapon used was a Colt's revolver, army pattern, calibre forty-five. There was a bullet wound in the middle line of the left thigh on a level with the great trochanter; no wound of exit; limb considerably swollen. I probed carefully with Nelaton's probe, which passed downward and outward below the trochanter. No trace of the bullet was found, and no evidence of fracture of the femur, which I thought would likely be present on account of the short distance from which the shooting took place (about three feet). Not finding fracture, I supposed that the bullet had glanced and lodged deeply among the muscles on the back of the limb. When admitted, there was no sign of shock and an examination of the clothing showed that hemorrhage had been slight.

November 26.—Pus was detected in the cellular tissue above the knee. Ether was administered and an opening made, from which a large quantity of offensive pus escaped.

December 4.—I enlarged the bullet wound (it having become partially closed by granulations) and a large quantity of pus escaped, together with three pieces of cloth which had been carried into the wound by the ball.

These pieces were from the overcoat, the blouse, and the trousers. I searched for the missile with a Nelaton's probe and found it firmly fastened in the femur. I endeavored to extract it, but failed; attempted it again next day, and again failing, decided to allow it to remain till loosened by inflammatory softening.

December 14.—Patient has been doing badly. I decided to make a larger opening and remove the bullet if possible. I made an incision two and one-half inches in length on the surface and of sufficient length below to explore its situation. I failed in my attempt to loosen it, and on account of its proximity to the hip-joint used no violent measures, trusting to time to soften the bony tissues about it. The wound afforded free drainage. I expected to find an abscess above the seat of injury, but no pus of consequence escaped. On the third day afterward nearly a pint of horribly fetid pus poured into the wound from below and discharged. In making the incision down to the bullet some vessel of considerable size, probably a branch of the external circumflex artery, was wounded, and blood filled the opening and began to pour out rapidly. Plugging readily arrested the hemorrhage.

December 15.—Pyæmic symptoms developed, the knee-joint becoming immensely swollen.

December 28.—Aspirated: clogging of the needle prevented complete emptying of the joint.

January 1, 1880.—I repeated the operation and drew off three and one-half ounces of pus and synovial fluid. The joint was emptied and did not refill.

January 4.—Having failed in my endeavors to remove the bullet, at first from impaction in the bone and latterly from insufficient space to use the bone-forceps to seize it, granulations closing in on all sides of the wound, I concluded to expand the track of the ball with a large sponge tent and re-attempt its dislodgement. My reason for not using the knife will be appreciated when we remember that there was hemorrhage requiring plugging when I

cut down before. The sponge tent method of dilatation occurred to me, and it proved effective without hemorrhage, which the patient at that time was in no condition to bear. The forceps could now be expanded in the situation of the projectile, but a secure hold could not be gotten on it. I next had a bivalve vaginal speculum cut down to half its original width by the armorer at the arsenal near the Fort, passed it down into the tissues over a Nelaton's probe as a guide, expanded its blades and saw the bullet, and without difficulty extracted it, together with a piece of the patient's drawers, employing for the purpose Tiemann's bullet-forceps passed through the speculum. It was first necessary to break off a projecting ledge of bone with straight forceps in order to secure a hold on the missile with the bullet-forceps. This ledge of bone of inflammatory origin overhung the ball, and after it became loosened was the great obstacle to its removal. The cavity was thoroughly cleansed and a large drainage-tube inserted and gauze dressings applied.

January 9.—Patient began to sink rapidly, and died at 10:45 p.m.

Autopsy.—Thirty-five hours after death. Body greatly emaciated; brain not examined; thorax opened and old pleuritic adhesions found on both sides; hypostatic congestion of the lungs, and complete congestion of upper and middle lobes of right lung; no metastatic abscesses; heart normal; liver healthy; other organs not examined. The left knee-joint, which has been aspirated, was opened and contained a slight excess of synovial fluid, apparently intimately mingled with a small quantity of pus. The cartilages and ligaments were almost normal in appearance, and there was no ankylosis either within or without the articulation. The head, neck and upper part of the shaft of the bone were next removed. The soft tissue around the hip-joint presented evidence of extensive suppurative inflammation but no collections of pus of any extent were met, the drainage having been a nearly perfect one. The situation of the wound would admit. The head of the

bone and the cotyloid cavity were carious, entirely denuded of cartilage, and the ligamentum teres was separated from its attachments, softened and almost destroyed. Upon making an examination of the sawed-off portion of the femur, I ascertained that the ball had penetrated the joint and buried itself in the neck of the bone, a short distance above the spiral line. A line of fracture, a triangular fissure, extended from the point of impact downward and backward below and including the lesser trochanter, and from that point upward and backward into the inter-trochanteric line. The upper half of the neck was not injured, and the connection of the head, the trochanter major, and the shaft was thus maintained, and a complete fracture prevented.

Remarks.—The abscess in the thigh, which was evacuated on November 26, was situated in and between the superficial and the deep fasciæ, and was caused by the decomposition of blood which insinuated itself between these structures and into the meshes of the cellular tissue on the night of the injury. The abscess opened on December 14; was largely due to a like hemorrhage into the deep intermuscular spaces, with subsequent purulent decomposition and infiltration. The patient *walked* two miles from where he was shot, and the blood, which was poured out, gravitated and entered the tissues and spaces mentioned, and hence the little external hemorrhage. From repeated examinations, I decided that the point of injury to the femur was in or just below the spiral line, about midway between the trochanters, and it was not till the autopsy was made that I was aware that the capsular ligament had been penetrated. The fact that the man had walked two miles and was not suffering from shock at the time he entered the hospital, together with the slight pain and soreness in the hip-joint at all times after the injury, seemed to warrant such a diagnosis. I could move the limb freely in any direction without causing severe pain, and from that fact and the absence of the excruciating agony which authors are wont to speak of as being present when joints are in-

flamed and cartilages are softening, I, in a great measure, was influenced in the direction of exclusion of penetration of the joint. Upon making my first examination (November 18) I found it impossible to pass my finger or a probe in any direction except one, that one being outward and downward below the great trochanter, and away from the joint. The absence of fracture of the bone, together with the passage of the probe in the direction named, made me confident that the ball had glanced and lodged somewhere behind the trochanter among the large muscles, situated in that region. It was some days afterward (December 4) before I succeeded in getting a probe through the bullet-track, suppuration having opened up a line of communication from the lodged bullet to the wound of entrance, and even then I could not tell whether the ball was in the joint or outside it.

My experience in examining injuries in the vicinity of the hip-joint leads me to believe that in many instances it is next to impossible to arrive at correct conclusions, and in this case I am puzzled beyond measure. Otis, in the third volume of the "Surgical History of the War," page 61, says: "In the important class of injuries of the joints, those of the hip-joint are pre-eminently hazardous to life, obscure in diagnosis, and difficult in treatment." On page 63, he says: "Drs. H. H. Smith, H. Fischer, E. Klebs, B. Langenbeck, and other modern writers on military surgery, have dwelt on the inaccessibility of the parts to exploration through the long narrow shot tracks produced by missiles of comparatively small caliber, on the frequent absence of shortening or displacement, or escape of synovia, or, indeed, with scarcely any serious disturbance of the functions of the joint, until the inflammatory and infiltration period arrived. The dictum of Hennen, that the difficulties of early precise diagnosis in shot injury of the hip-joint, are sometimes insuperable, is corroborated by Dr. F. H. Hamilton, and by Drs. Billroth and Deiningcr, in recording their personal observations and the contemporaneous surgical literature of the Franco-German War of 1870-71."

In foot-notes on page 64, he quotes from Hennen as follows: "In some of these cases the course of the ball is so obscure and its place of lodgment so uncertain, that it can only be detected after death. I have seen balls lodged in almost every part of the trochanters, neck, and head of the bone, and yet the most accurate examination during life did not lead to a discovery of their situation." And in foot-note, page 26, Billroth says: "I am of the opinion that neither the direct injury of the capsule and bone, nor the secondary necrosis, can always be early diagnosticated. In cases resulting favorably, the diagnosis can generally only be made *ex post*, from the total ankylosis of the hip-joint, and in many cases only after the discharging of some necrosed bone. Nevertheless, I had not imagined the diagnosis to be so difficult. I had thought that there must be, under all circumstances, symptoms of acute coxitis; but I was mistaken therein." In foot-note, page 64, Otis says: "The index finger is generally too short to reach the projectile or fracture, and a sound or catheter is but a poor substitute. Moreover, the surgeon is puzzled by the absence of symptoms he has been taught were pathognomonic. In none of the cases examined by Billroth and Czerny was found the displacement and peculiarity of position usually ascribed to fractures implicating the hip; and the characteristic intense pain in the hip and knee, aggravated on motion, was missing in many instances." In foot-note on same page, Deininger is quoted as follows: "The difficulty of diagnosing a hip-joint fracture in its first stages is very great, and frequently it can only be ascertained in the subsequent course whether the joint is really injured, and sometimes the fracture is not ascertained till after death. Even walking on the injured limb is no proof that the hip-joint has not been fractured." In foot-note, page 63, Professor Fisher, of Breslau, remarks: "The deep position of the hip-joint, strongly protected by thick layers of muscles, the generally long wound canal, the termination of which is so difficult to determine, the absence of all severe disturbance of the functions of the joint,

and the very trivial subjective complaints of the patient, render it often impossible to determine precisely the lesion soon after the injury."

CASE II.

Primary excision of the head, neck, and upper portion of the shaft of the right femur for shot comminution; death from shock.

John H., an employe of the A., T. and S. F. Railroad, about 45 years of age, was shot in a bar-room row in San Marcial, N. M., about 9 p.m. September 12, 1881, distance of shooting about two feet. He was brought to the hospital at Fort Craig, N. M., reaching it about 1:30 a.m. September 13, 1881. He was in a drunken condition when he arrived, and had been drinking more or less for several days prior to the injury. Upon examination, I found the upper portion of the right femur shattered, the ball from a Colt's revolver, caliber 45, having entered in front and made its exit posteriorly. There was shock, though not so much as I expected, considering the nature of the wound, probably due to the counteracting action of the intoxicants which he had been drinking. I ordered a hypodermic of morphine, gr. $\frac{1}{4}$, and beef juice by the mouth as soon as he should awaken from his drunken sleep; and the limb was placed in an easy position on a pillow. I next saw the patient about 8 a.m., when he had aroused and could talk rationally. I ordered small amounts of brandy and beef juice, to be given frequently, and directed that his temperature should be kept up to the normal by hot bottles, etc., if required. At about 11 a.m. I gave ether enough to allow me to make a careful examination of the injury without causing additional shock. I at once decided that either an excision or a hip-joint amputation would be required, and informed the patient of it and obtained his consent to operate.

The hour fixed for the operation was 3 p.m. of the same day. Owing to unavoidable delay the operation was not begun until 4 p.m., the patient being fully etherized, after having had 1½ ounces brandy, and a hypodermic of morphia, gr. 1-6, after the pulse was good

and the extremities warm throughout the operation. My assistants were the hospital steward and three convalescent patients. The following steps comprised the operation: Rendering the limb bloodless with ordinary roller bandages and rubber tubing; making an incision slightly curved—concavity to the front—over the great trochanter, of sufficient length above and below to allow the removal of the shattered bone; sawing off the femur at a sound point just below the splintered part; and lastly, disarticulation of the upper fragment. This occupied only a short time, and the hemorrhage that occurred did not, I am sure, exceed three ounces, and probably did not amount to that much. Up to this time all had gone on well, and I had begun to apply a temporary dressing, when the steward, who had been watching the pulse and respiration, informed me that the pulse had suddenly sunk and was not perceptible. I lost no time in administering a hypodermic of brandy and ammonia to counteract the shock which I recognized. Hot bottles were at the same time placed about the patient, and friction and artificial respiration begun. Brandy and digitalis were next administered hypodermically, and no effect being perceived, the battery was used, one pole over the diaphragm and the other over the pneumogastric and phrenic. Everything, however, failed, and the patient expired at about 5:45 p.m.

CASE III.

Shot fracture of the trochanters and half the neck of the right femur, with extensive contusion of the hip and laceration of the gluteal and other muscles; death from septicæmia.

George E. S., aged forty-one years, was accidentally shot at Engle Station, New Mexico, on the afternoon of May 6, 1882. The unfortunate man at the time of the accident was in a restaurant one hundred yards distant from the railway station. In the station office there was a telegraph operator, who took up a Sharp's rifle, calibre forty-five, loaded with a cartridge carrying 120 grains of powder and 520 grains of lead, and began to examine the weapon. In some

way it was discharged, the ball passing through the window and thence onward to the door of the restaurant. The frame of the door was three-inch pine, and the bullet perforated this and next struck the hip of my patient, who was sitting in a chair in true American style, "his feet as high as his head," his chair tilted backward, and his buttocks resting on the edge of the seat. By reason of position his pantaloons-pocket on the right side, which contained \$9.50 in silver,—six one-dollar pieces and the remainder half-dollars,—dropped down over the region of the hip. It was in this mass of metal that the ball struck before penetrating the tissues. Five of the silver dollars, which were lying one above another and overlapping, were badly bent. The ball was cut by contact with the coins into four pieces—one large and three smaller ones. The major portion, weighing 384 grains, another weighing 100 grains, and the smallest fragment (weighing eight grains) entered the soft parts over the hip, all three pieces passing in through one opening. The large piece, which had become converted by contact with the silver into an immense angular slug, lacerated the tissues horribly, encountered the femur, carried in front of it part of the neck and trochanters, thence plowed through the soft parts, tearing everything asunder, and lodged in the tuberosity of the right ischium. The piece weighing 100 grains travelled through muscles and fasciæ and lodged in the neighborhood of the sacrum on its right side. The smallest fragment was deflected downward and inward into the muscles of the thigh, causing considerable laceration. The remaining piece of the ball—weight eighteen grains—did not enter the tissues but lodged among the silver coins. There was great contusion of the hip, caused by the silver, which was driven against it by the large missile.

The accident occurred at 3 p.m., and I met the patient at 9 p.m. at San Marcial (six miles distant from Fort Craig), whence he had been brought on a railroad car. He was in terrible agony, recovering from shock, and was crying loudly for relief. I at once ad-

ministered a hypodermic injection of morphia, one-half grain, and gave some brandy by the mouth. After waiting a reasonable time I started to the Post, and reached there at 1 a.m., May 7. Strict rest was insured by the liberal use of morphia, and the patient was left undisturbed until 3 p.m., when I gave ether and made an exploration of the wound. Hemorrhage had been slight, and reaction was well established at this time. Upon introducing my finger into the opening, which was about one-half inch by one and one-half inches in size, I quickly discovered the great laceration. I inserted a probe and found that I could pass it eight inches toward the spine without coming in contact with broken bone or the projectile. The motions of the limb were perfect, I could not feel lacerated bone tissue with the finger, and no crepitation could be elicited; therefore I concluded that the femur had not been fractured. I found the smallest piece of the ball and removed it. My search for the larger portion was unavailing, and, after freely enlarging the opening for drainage, I applied carbolized dressings and left the patient at rest.

The case progressed as well as could be expected for four or five days, when marked inflammatory symptoms developed. On the morning of the tenth day my attention was directed to the swollen condition of both wrist-joints. The patient complained of pain in them, and the skin over them was covered with red blotches, and one small pustule was noticed. The fever had increased and the tongue was dry and parched. The discharges from the wound never were very healthy looking, and now they became dark, sanious, and offensive. On the next morning the right ankle was swollen and blotches could be seen on various parts of the body. The fever and delirium increased from this time till death came, after some hours of total unconsciousness, on May 20 at 12 m.

Autopsy.—The largest piece of the bullet, weight 384 grains, I found lodged in the tuber ischii. The fragment weighing 100 grains I did not get, as it had passed so far under the fascia

over the sacrum that I did not dissect it out, my hands at the time being in an unsound condition. I did not examine any of the viscera for the same reason.

GENERAL REMARKS.

Diagnosis.—The difficulty in making a diagnosis has been sufficiently dwelt upon. In a case of shot injury in the region of the hip-joint, with marked inflammatory symptoms and in certain cases without them, for example, if synovia should escape from the bullet-hole and cloth be in the bullet-track, I would waste no time with expectant measures, but would cut down through the tissues, using the bullet-track as a guide, proceeding layer by layer till I would settle beyond doubt the question of penetration of the joint, and determine the extent of bone injury. With the exploratory incision made with judgment and with care as to "surgical cleanliness," there can be little risk to the patient, and all doubt is removed—an essential preliminary to rational treatment.

Prognosis.—Otis, in the third volume of the "Surgical History of the War," page 88, gives the following: Of 252 cases treated by conservation, 3 recovered, a mortality of 98.8 per cent. Of 33 cases of primary excision (page 89), 32 died, a mortality of 96.9 per cent. A man with a shot injury of the hip-joint, therefore, is almost necessarily doomed, taking the statistics as a basis for prognosis. It is difficult for one who has had no experience with these wounds to conceive of their gravity by examining the seat of injury, particularly where no fracture can be detected. Guthrie's famous picture (Commentaries, London Edition, 1855, page 77), of "a man lying with a small hole either before or behind in the thigh, with no bleeding, no pain, nothing but an inability to move the limb, to stand upon it," shows how misleading the case may be; and to "think that he must inevitably die in a few weeks, worn out by the continued pain and suffering attendant on the repeated formation of matter burrowing in every direction, unless his thigh be amputated at the hip-joint, or he be re-

lieved by the operation of excision"—neither of which offer flattering prospects of ultimate recovery—is indeed gloomy, and well may we exert our efforts toward a bettering of results in these cases.

Treatment.—First make an accurate diagnosis. With that much accomplished, next decide whether to treat the case conservatively, by excision of the joint, or by amputation. Otis discusses this subject exhaustively, and favors excision, saying on page 167: "Expectant treatment is to be condemned in all cases in which the diagnosis of direct injury to the articulation can be established;" that "primary excision of the head or upper extremity of the femur should be performed in all uncomplicated cases of shot fracture of the head and neck;" that "intermediary excisions are indicated in similar cases where the diagnosis is not made out till late;" that "secondary excisions are demanded by caries of the head of the femur, or secondary involvement of the joint;" that "amputation should be performed: (1) When the thigh is torn off, or the upper extremity of the femur comminuted with great laceration of the soft parts, in such proximity to the trunk that amputation in continuity is impracticable. (2) When a fracture of the head, neck, or trochanters of the femur is complicated with a wound of the femoral vessels. (3) When a gun-shot fracture involving the hip-joint is complicated by a severe compound fracture of the limb lower down, or by a wound of the knee-joint."

It must be remembered that Otis's deductions are chiefly from a study of cases treated by the older surgical methods—*i. e.*, without attention to antiseptic precautions, the immense value of which in general surgery, experience has demonstrated beyond question.

Gerster, in his "Aseptic and Antiseptic Surgery," page 34, says: "The fact that most fresh gun-shot wounds are aseptic has been pointed out by Esmarch, and is now well established. Reyher and Bergmann's experiences in the Russo-Turkish War put the fact

beyond controversy." "Flesh wounds will be healed within a fortnight or three weeks (under dry dressings). Gun-shot fractures will require a longer time for healing and consolidation, but are in no way different from ordinary compound fractures." "The projectile will cause very little or no irritation in aseptic—that is, non-suppurating gun-shot wounds. Generally it will become encysted. Search for the projectile in the bottom of the wound is rarely indicated. It can occur, however, that pressure of a projectile or its fragment or a sharp spiculum of bone on a nerve trunk may necessitate search and extraction. This must be done under careful asepsis." Where wadding and clothing are "carried to the bottom of the wound, dilatation, search and extraction may be indicated;" "but it is better to wait in cases of doubt, as even these foreign substances may become encysted and harmless." "Should suppuration follow the patient will not be worse off than if a fruitless search had been made at the outset, and the use of the suppurating track as a guide will materially facilitate the finding of the irritating body;" and finally, what particularly interests me, is this statement: "Gun-shot fracture of the knee-joint was formerly considered an indication for immediate amputation. Reyher treated eighteen *fresh* cases aseptically, by cleansing, irrigation, dilatation, extraction of the foreign body with subsequent drainage. Fifteen of the eighteen cases recovered with movable joints; one case only died of pyæmia (83.3 per cent. recovery). Of nineteen cases that came under his care several days after the injury with suppuration established, eighteen died and one recovered with a stiff joint, in spite of antiseptics, drainage, etc. (85 per cent. mortality). Of twenty-three cases not subjected to antiseptic treatment, twenty-two died, one survived (mortality 95.6 per cent.), clearly justifying the practice of the older surgeons, who at once performed amputation in all cases of gun-shot fracture of the knee-joint." "Bergman's experience during the Russo-Turkish War has shown that

most gun-shot wounds are aseptic, and that with the exception of those cases where shreds of soiled clothing or gun-wads were carried along by the projectile into the bottom of the wound, healing without suppuration can be confidently expected if the wound is not infected by meddlesome and uncleanly surgery. These experiences refer principally to gun-shot fractures of the knee-joint." If these facts are true of the knee-joint, I see no reason why the hip-joint should not profit by a similar line of treatment.

Otis sums up the result of 868 cases of shot fracture of the bones of the knee-joint treated without antiseptics, by conservation, with a mortality of 60.6 per cent., in marked contrast to the 83.3 per cent. of recovery under the primary antiseptic treatment.

That fresh gun-shot wounds are aseptic I fully believe from what I have seen of them, but that it is improper to attempt to remove the bullet or any foreign matter that has been carried in with it, with the hope that encapsulation may ensue, I am equally unwilling to believe. Every *reasonable* effort should be made in the beginning to remove the missile and bits of clothing, for it is clear that they are foreign to the tissues, and there is strong probability that they will sooner or later set up great local disturbance if nothing more. Returning to my three cases, and first considering Case II., where death by shock occurred, I can see nothing to regret on my part, for the operation was done with every precaution as to the patient's welfare, and certainly quickly, and without much hemorrhage. Had I found in his case longitudinal fissuring of the femur as well as comminution at the point of impact, as I saw in a case of amputation at the upper third of the thigh for shot injury a few weeks before, I would have made a hip-joint amputation instead of an excision of the upper fourth of the bone. The result of course would have been the same—the death of the patient. In Case III. I had no grounds for supposing that the hip-joint had been laid open and the bone damaged as it was, and even had I known these

things I would not, I think, have done right to add primary excision to the terrible contusion and lacerations of the hip and buttocks. Shock certainly would have carried off the patient. Secondary excision, had the patient lived, would have been proper; with the antiseptic dressings of to-day, perhaps septicæmia would not have occurred in this case. Case I., I consider of exceeding interest. The failure of the bullet to fracture the neck of the bone, the manner in which the pieces of clothing were strung along in the bullet-track, the ability of the patient to walk two miles after the injury, the comparative freedom from shock and the slight subjective symptoms from the time of injury till death—all are noteworthy. A study of the anatomical structure of the upper part of the thigh-bone perhaps explains why it was not broken. The arrangement of the bony arches must have had something to do with preserving its integrity; also, in Case III., where we would expect fracture of the neck, as in Case I. See "Gray's Anatomy," page 259, and "Leidy's Anatomy" (last edition), page 37. Had I known in the beginning what I knew post-mortem about the condition of the neck of the bone in Case I., most certainly I would have excised the upper fourth, just as I did in Case II., where the diagnosis was clear, the fracture being complete in that case. Looking at the matter from the standpoint of modern surgery, I think that drilling out the bullet, irrigation of the joint with bichloride solution, removal of all foreign substances, the establishment of "through drainage" and antiseptic gauze dressings over the limb, might render the operation of excision in cases of incomplete fracture unnecessary. At all events it would be worthy of trial, for if suppuration could be prevented the partial fracture might be repaired, and the dangers of excision averted. When the fracture within the joint is complete the case is altogether different, excision being the remedy. When there is comminution of the upper part of the shaft with slight fissuring extending into, but not laying open the joint, I think that an attempt should be made to

get union between the shaft below and the bone-stump above, by trimming and wiring together these two portions—*i. e.*, if they can be approximated. If failure results secondary excision may be performed. When longitudinal fracture of the shaft exists along with fracture within the hip-joint, I see nothing left but hip-joint amputation. Reasoning by analogy, I both hope and believe that conservation in hip-joint fractures will much more frequently be followed by recovery under antiseptics than by the old methods, taking the knee-joint cases quoted, with the astonishing results therein as a basis upon which to rest an opinion.

146 Broadway.

[FOR DISCUSSION SEE PAGE 14.]

BEANS.

[*Journal of Health.*]

Beans are said to be coarse, indigestible, only suitable for the laboring classes. I propose to maintain, and endeavor to prove, that they are more sinned against than sinning, that properly cooked and served, they form a most nutritious, appetizing, healthful and economical food, not only for stout men and boys, but for delicate women and children as well. They contain twenty-four per cent. of nitrogenous matter in the form of legumine, or vegetable caseine, and are therefore more highly nutritious than almost any food. Were it not for the fact that, as usually cooked, they are rather more difficult of digestion than many other foods, there would be no question as to their supereminence as a diet. One pound of beans contains nearly six ounces of heat-producing properties and half an ounce of flesh-forming food, which is more than twice as much as that of flesh-food, and nearly as much of the heat-food as wheat contains.

FLINT says: "I have never known a dyspeptic to recover vigorous health who undertook to live after a strictly regulated diet, and I have never known an instance of a healthy person living according to a strict dietetic system who did not become a dyspeptic."

A CASE OF FOREIGN BODY IN THE LARYNX.

A Paper read before the Cincinnati Medical Society, November 5, 1889,

BY J. A. THOMPSON, M.D.,
CINCINNATI.

Cases of foreign bodies in the larynx are by no means rare. But the difficulty in diagnosis, where there is no clear history, makes a case showing unusual features one worthy of a careful report. The symptoms attending the lodgment of a foreign body in the larynx may vary from merely a slight cough and sense of discomfort to the severest dyspnoea and quick death by strangulation. The slighter symptoms are the rarer, and where there is no history in such a case a correct diagnosis is perhaps largely a matter of good fortune. The foreign body in such a case may remain for weeks a source of irritation to the patient and of error to the physician.

January 28, 1889, I was requested by Dr. Stanton to see with him a child who had been suffering for six weeks with some form of throat trouble. A diagnosis of laryngeal diphtheria had been made by the physician attending the case before Dr. Stanton took charge of it. The girl, about thirteen years old, was anæmic, thin and weak from long illness and confinement. Local examination showed a chronic rhinitis, with offensive discharge. Both tonsils were much hypertrophied. The pharynx showed the chronic granular form of inflammation. The mucous membrane of the larynx was much inflamed. The breath was horribly offensive. A laryngoscopic examination was hard to make on account of the enlarged tonsils and narrow sensitive throat. But deep in the sub-glottic region on the anterior wall of the larynx something could be seen that had the physical appearance of diphtheritic membrane. A solution of peroxide of hydrogen applied to it was followed by the bubbling seen when this agent is brought into contact with pus or imperfectly formed inflammatory tissue, and the whitish substance visibly decreased in size. At Dr. Stanton's suggestion, she was given minute

doses of bichloride of mercury and the local application was continued.

The improvement was as rapid as it was delusive. From the first application the respiration, which had been rapid, labored and noisy, improved. The attacks of dyspnœa grew less frequent and severe. Five days after beginning this treatment the imperfect laryngoscopic examination I was able to make showed no foreign substance in the larynx. She was given at this time chloride of ammonium for a slight bronchitis, and local treatment discontinued. She improved rapidly and continuously, with only slight attacks of dyspnœa, until March 6, when she came to my office to have her catarrh treated.

Her breath at this time was horribly offensive. The whole membrane of the upper respiratory tract showed marked chronic inflammation. Deep in the larynx, about the lower margin of the thyroid cartilage, a grayish-white body with a black tip could be seen. The nature of this substance I was unable to determine. As it was producing no dangerous symptoms at the time I determined to treat the catarrh and wait for developments.

March 20, I removed the larger of the two tonsils. A better view of the larynx could be obtained after this operation. But I still could not determine the nature of the mass in the larynx. Under tonics and appropriate local treatment the catarrh rapidly improved. Whenever there was a temporary exacerbation of the inflammation there would be an attack of dyspnœa, but it would disappear with the subsidence of the swelling.

In the latter part of April, when the catarrh was almost well, there was a return of the violent attacks of dyspnœa. They became so severe as almost to threaten life. Then for the first time I was told that about the 15th of December the child, after eating some oyster soup, complained that she had swallowed a piece of shell. Little attention was paid to the complaint at the time, as no violent symptoms were produced, and it was days before it was necessary to call a physician.

After hearing this history the query

at once arose, Was the mass in the larynx the oyster shell or necrosed cartilage following diphtheria in a strumous child? From its appearance it might be either. It was too low in the larynx to be safely reached by forceps. Subglottic operations in the narrow throat of a nervous child are neither safe nor easy.

To clear up all doubt in the case, I proposed a laryngotomy. Her catarrh was well, but she was still in danger from the attacks of dyspnœa. While her friends were debating the advisability of consenting to the operation, the matter was settled May 15 by her coughing out a piece of oyster shell that had been in the larynx certainly for ten weeks, probably for four months. An ulcer in the median line involving the crico-thyroid membrane showed where it had been lodged. It healed rapidly under insufflations of iodoform.

Looking back at the case, it is easy to see where the errors were made. That which we took for diphtheritic membrane was a tenacious muco-purulent mass covering the shell. Our application dissolved it, partly cleared the air-passages, and relieved the dyspnœa. This seeming recovery made me for a time hold the case too lightly.

But the greatest source of error was the remarkable tolerance of the larynx. In a larynx already chronically inflamed the rough shell produced no marked symptoms for days. While she was under my observation there was little cough or difficulty in breathing for weeks. Certainly the symptoms were not more pronounced than in similar cases of catarrh, and had I not seen the shell in the larynx I would never have suspected any graver disease. This tolerance, together with tenderness on pressure over the lower portion of the thyroid and the fetid breath, led me to think it necrosed cartilage rather than a foreign body.

It is easy now to explain the return of the dyspnœa coincident with the cure of the chronic laryngitis. The subsidence of the swelling loosened the shell and allowed it to turn its flat surface across the larynx. For weeks the swelling had held it with its long axis paral-

lel to that of the larynx, where only a small portion of it showed and where it produced little obstruction.

Having no history of a foreign body being swallowed until late in the case was also a source of error.

It is not pleasant to confess a mistake in diagnosis, but the true physician will do so when the report of his error will guard a brother practitioner against a similar one.

[FOR DISCUSSION SEE P. 18.]

REMOVAL OF RENAL CALCULI BY TOXIC DOSES OF BELLADONNA.

[*London Med. Recorder.*]

In the *Providence Med. Journal*, October, 1889, Dr. Murray states that, in his experience, belladonna is more beneficial than opium in relieving the pain of renal colic. In cases of renal colic, moreover, the author contends that if the drug is pushed sufficiently long, and in large enough doses, the entire removal of the calculus—first from the pelvis of the kidney to the bladder, and then from the bladder *per urethram*—often follows. Some cases are quoted illustrating this assertion. One patient had suffered for several months from repeated attacks of renal colic, during the last of which he was seen by the author, who gave belladonna until its physiological action on the eye and throat was evident, and then it was pushed further, so that in a few hours a lithic acid calculus was passed as large as an almond. In another case a youth suffered so severely from renal pain that it was decided to operate, but, before consenting, the parents consulted Dr. Murray; he ordered twenty drops of tincture of belladonna every hour, and at the end of five hours a round, rough calculus was passed. The special point to be remembered in these cases is to push the drug to its toxical stage, and keep up its action after the pain has been relieved, until a fair time has been allowed for the expulsion of the stone. You may begin with forty minims of the tincture, and repeat it every two hours, increasing or diminishing the dose according to its effect on the pain.

NOTE ON THE PATHOLOGY OF TUBERCULOSIS.

BY W. S. CHRISTOPHER, M.D.,
CINCINNATI.

There is no condition more marked in tuberculosis than the diminution in the number of red blood-corpuscles and the diminution of the hæmoglobin. Whether this diminution is relatively the same in both cases is immaterial to the present discussion. Certain it is that the hæmoglobin is decreased, and continues to decrease with the advance of the disease. The decrease in hæmoglobin limits to the extent of its diminution the oxidizing processes maintained by the blood, and this diminished oxidation is shown by the fatty changes occurring in the liver and elsewhere.

The question now arises whether this diminished oxidation is beneficial or otherwise; whether it is an attempt on the part of nature to control the disease; or whether it is a pernicious manifestation of the disease itself, and to be combated as such. It is too frequently the case in many diseases that we interfere with and hinder the efforts of nature to effect a cure, and by our interference prolong the trouble. In no instance, perhaps, are the conservative efforts of nature better marked than in the occurrence of diarrhœa to rid the intestinal canal of putrefying masses, and the idea is gaining ground that it is judicious to help along such a diarrhœa, instead of retarding it with opium and astringents. Just so with regard to tuberculosis: it is quite possible that we should help along the deoxidizing efforts of nature instead of combating them. The treatment of phthisis by inhalations of oxygen has been extensively tried, but certainly has not made any positive headway. Hæmoglobin can only take up a given amount of oxygen. No matter how much is introduced into the lungs, or in how concentrated a form it may be there placed, the blood can only carry away so much oxygen as the contained hæmoglobin can unite with. The excess is simply expired. Admitting that the residual air in the lungs may, by inhala-

tions of oxygen, be made to have a larger percentage than normal of that element, still the blood can not take up any more. I am not concerned with the question whether this hyperoxygenated air is beneficial as a local application to the diseased surfaces, but merely with the question of the introduction of oxygen into the blood-current. It is probable that except for such a possible local action the oxygen treatment of phthisis is negative. On the other hand, it is quite significant, when we come to summarize our therapeutic handling of this disease, to find that our most powerful weapons are cod-liver oil, alcohol, and the hypophosphites, all of which substances are powerful reducing agents, that is, they have strong affinity for oxygen, and when introduced into the blood-current avail themselves of oxygen there, and to this extent reduce the amount of oxygen in the blood and deprive the various tissues of the body of a certain amount of otherwise available oxygen. Do they in this way assist nature's anæmia in still further reducing the oxygen which can be taken to the tissues? In the Bergeon treatment, sulphuretted hydrogen is introduced into the blood-stream, and while this method of treatment has at present dropped into disuse, we can not completely ignore the results obtained by certain scientific observers. Sulphuretted hydrogen, like the other substances mentioned, is a powerful deoxidizing substance.

It certainly seems worth while to investigate the phase of tuberculosis here suggested.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations. **LEONARD FREEMAN, M.D.,**

J. C. OLIVER, M.D.,

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OBSTETRICS AMONG THE SIOUX INDIAN WOMEN.

BY FRED. TREON, M.D.,

Agency Physician Crow Creek, South Dak.

The field for the practice of this branch of the medical profession among the Indians is, indeed, a very limited one. It is, however, worthy of consideration, as it presents interesting features. The Indian woman has long since been looked upon as the more rugged of the two sexes, often proving herself the beast of burden. I have frequently seen them carrying the heaviest of burdens on their backs, chopping wood, and handling a team equal to a man. That these women are not burdened with the modern harmful method of dress, as worn by our civilized American women, and are not high livers, is a fact that undoubtedly goes a long way towards making the ordeal of childbirth a comparatively easy one.

The statement that while traveling the wagon is sometimes stopped until the woman gets out and retires to a secluded spot, and there alone passes through labor without any encouragement from human lips, much less the aid of an accoucheur, then takes the new-born infant upon her back and walks on to overtake the husband, who, not considering the matter worthy of his waiting, has drove on, is not an exaggerated one.

I myself have known of instances where, just after childbirth, the mother has gone out to carry in a load of wood that I would have found difficulty in lifting; or, as was the case with a woman whom I delivered one morning at five o'clock: an hour afterwards I saw her standing a half mile from her tent, in very inclement weather, mourning for a child of hers that died a few days before. I recall an instance, in which one of these poor women, in the last stages of consumption rode a distance of sixteen miles in a terrible blizzard and was confined that night, while the next day the poor thing was up trying to attend to some household duties. In fact, they consider it unbecoming in them to be in bed after childbirth. This

was demonstrated in a case I attended last month. The mother, after being delivered of twins, had a violent post-partum hemorrhage, that was only controlled by the greatest difficulty, turning out some uterine clots and administering fluid ex. ergot, etc. Soon afterwards I found my patient had been up and even out of doors. Notwithstanding all this she made a speedy recovery.

They occupy in labor the knee and elbow position invariably. Kneeling with their head resting in their hands, or as nearly as possible in the Sim's position. The back is slightly swayed or bent. This position I am told they have always taken, and the ease with which this ordeal is facilitated in their case is excellent proof of the advantage of this, I fear, too often neglected position in confinement. It is a remarkable fact that this position is not occupied by them until the second stage of labor, or when the head is pressing upon the perineum. The cord is not separated until after the after-birth has been expelled. As soon as this is accomplished the mother stands up and draws about her abdomen a heavy leathern girdle (every woman who expects to be confined has one). They usually, if in the house, stand over a vessel, which contains earth, and pass through what they term the "dripping stage," after which they consider themselves at liberty to go and do what they please. The child is dressed and placed upon its mother's back, secured by a shawl or blanket, which is often its only cradle.

But these women do sometimes get into trouble, and it is usually of a severe nature. Three times I have been called to deliver a retained placenta, once an impaction, and once a shoulder presentation, of which I will give details as briefly as possible. On Monday, April 29, 1889, I was called to see an Indian woman who was in labor. I gained the following history: The patient, a multipara, said that labor pains came on Saturday the 20th, the membranes ruptured, the waters escaped, and the hand of the child came down and out. After that, patient had been free from labor pains. Examination revealed a shoulder presentation with a dorso-posterior

presentation of the right hand, the head resting in the right iliac fossa. There was complete uterine inertia. I tried frequently to turn both by external and by combined external and internal manipulation, but only to meet with repeated failures. From Monday noon until Tuesday morning I was constantly with the patient. At 3 o'clock Tuesday morning patient began to have slight contractions of the womb, which gradually increased. As the child was dead mutilation seemed the only thing left for me to do. But at 6 o'clock I concluded to make one more desperate effort to turn. This time I succeeded in getting hold of the feet, and delivered by performing padalic version. Patient was terribly prostrated, but rallied promptly when the effects of anæsthesia had passed off.

Wednesday.—Patient is doing well; the lochial discharge is about right; complains of slight pain over the womb and in the back; pulse and temperature normal; ordered patient to keep quiet and take no "Dakota medicine;" to have turpentine stupes over the abdomen, and take quinine et opii (gr. iii. and gr. $\frac{1}{4}$) powders every five hours.

Thursday.—Patient has had a fair night and is doing well; ordered a mild cathartic and continued the quinine and opii. Did not see the patient on Friday.

Saturday.—Patient continues to do well; is sitting up, and is cheerful and free from pain. Saturday evening a "medicine man" saw her and gave her freely to drink of a powerful decoction of herbs, which produced a violent hemorrhage from the womb. They carried her from out of doors and from place to place, until from exhaustion and chill she sank and died. Thus through the ignorance of these native medicine men another woman gave up her life.

Since beginning this article I have been summoned in great haste to attend a woman who has just been confined. She is a large, plethoric-looking squaw, and has had a convulsion. This is the first case of puerperal convulsions I have ever known of among them. The woman is a multipara, this being her fourth confinement. I found her in an

unconscious state, the muscles undergoing violent clonic contractions; the globes of the eyes were turned upward, and a frothy saliva was seen about the mouth. Inhalations of chloroform with inhalations of carb. ammonia were administered. After the convulsion passed a saline cathartic was given, and five-drop doses of veratrum viride, repeated every two hours. Patient had only the one convulsion.

As civilization encroaches upon the Indian's method of living, it is reasonable to suppose that the accouchements of the women will become more difficult. At the same time the knowledge of how to take proper care of herself at such times will prove a valuable acquisition to her meagre enlightenment, and through such knowledge her longevity may be greater than at present. It is a fact worthy of note that these poor, ignorant women make most remarkable recoveries from the severest labors.

SALT AND MICROBES.

[*Med. Press and Circular.*]

A foreign observer has carried out some instructive researches into the effect of salt on various pathogenic micro-organisms. He found the results varied a good deal according to the particular microbe experimented upon. The cholera bacillus, for example, curled up and died in a few hours, while the bacillus of typhoid fever and the micrococci of pus and erysipelas resisted its influence for weeks and even months. That part of his observations bearing on tuberculosis possesses a practical importance, owing to the custom in slaughter-houses of salting the flesh of animals recognized to be tuberculous, and exposing it for sale in the course of a few weeks. M. de Freytag has shown that the tubercle bacillus thrives in presence of an excess of salt, and salting the tuberculous tissues of an ox in no wise prevented the infection of animals fed thereon. Hence it is highly desirable that a stop should be put to a practice which exposes those who partake of the diseased meat to such obvious risks of infection.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of December 2, 1889.

The President, WM. JUDKINS, M.D., in the Chair.

G. A. FACKLER, M.D., Secretary.

DR. J. J. KANE read a paper on
Gunshot Wounds of the Hip-Joint
(see p. 1.)

DISCUSSION.

DR. P. S. CONNER remarked that these were three interesting cases well reported. No subject can be more interesting than gunshot wounds of joints, because the subject must be studied anew. All that has been written and the observations of injuries of the larger joints are of little practical value to-day, and we must probably wait for another great war to settle the doubtful questions.

Few cases of hip-joint wounds are seen, because, as a rule, the bullet that passes into the hip-joint goes further and damages other tissues to such an extent that the individual is likely to be left dead upon the field. When the joint alone, however, is injured the case necessarily comes under our observation, and from his limited experience the speaker could understand the difficulty of diagnosis. One peculiarity of these wounds is the smallness of the external opening and the largeness of the damage within. A large bullet may to the superficial examiner have done no special damage, and yet post-mortem examination show extensive lesions. The speaker remembered a case in which the bullet had entered behind the left trochanter major, and had left an opening so small that it was the opinion of the surgeons that the man had been struck by a buck-shot. There was certainly nothing that would indicate the entrance of a large bullet, and yet, after death from septic infection, a minnie ball, calibre 55, was found to have passed through the neck and rested on the inner side. There are

added to the difficulty that the individual can and does walk, that there is absence of any special swelling, and at times of shock, although in the majority of cases the latter is well marked, but reaction may have set in when the surgeon arrives.

It will always be difficult to determine penetration. If then the diagnosis is difficult, the same must be true of prognosis and treatment.

If we are dealing with a pistol-ball wound, the average calibre of the bullet being .32, the wound of entrance is generally small. The symptoms, as a rule, are exceedingly slight and not well defined, unless a large vessel has been struck, when we have added collapse and swelling due to infiltration.

While the statistics given are the most extensive and represent all of value of their times, yet they are of little value to-day. Whether modern, or rather future wars, will show a less mortality remains to be seen. It is a question whether strict asepsis can be practiced on the field. When the wounded arrive at the field hospital the injured parts have already become infected, and antisepsis takes the place of asepsis.

In civil life, if the patients be seen early and left alone, except covering the wound with bichloride or iodoform dressing, more would recover than do so at the present time. Unfortunately, dirty fingers and probes are generally employed by the first man who sees the patient, and irreparable damage is done. Hence, if the case is reached early and the wound is protected against the incoming of organisms, it is highly probable that nature will take care of the joints in very many cases, and effect a recovery with considerable usefulness of the joint. The bullet goes, as a rule, with such velocity that it may produce fissuring or splintering, but little scattering of fragments, and if the parts be kept quiet the speaker could not see why the wound should not be regarded as a compound comminuted fracture.

The future of surgery will show that we have more reasons to be encouraged than we have now as based on the writings of the past.

There is a strong probability in all cases that damage may have been done to other structures that may lead to a fatal issue. Unfortunately, local and general damage is inflicted not so much by the bullet as by the foreign matter carried in by the bullet, as portions of clothing, which are always soiled. This may not be true of small bullets, which may pass between the fibres of the cloth and enter the body carrying nothing of foreign matter with them.

As respects immediate treatment, the speaker was not partial to the exploratory method. If the ball alone has entered, in the majority of cases no harm has been done except in its passage. Occasionally it exercises deleterious pressure upon a nerve or blood-vessel, but when it reaches its lodgment it, *per se*, inflicts no further damage. If this be true, why disturb the bullet, unless it be sufficiently near the surface to be readily gotten at, when it may be taken out. If the bullet, however, be lodged at considerable depth, in a mass of muscles, or in the medullary structure of bone, any attempt to remove it adds to the severity of the shock and exposes the patient to the risk of septic infection. Perhaps at the present time no man has the right to say that the latter will occur at any time or place, but yet it does happen.

Particles of clothing should be removed, because they do not become encapsulated. They remain as irritants, ultimate foci of infection. How may their presence be determined? We may recognize a bullet with the probe, but nothing except the finger can detect the existence of clothing in the depth of tissues. Therefore the danger in larger wounds is due more to such material than to the bullet, but even in such cases external aseptic measures, added to the disinfecting heat at the time of firing, may keep the parts free from infection.

Hence, as far as treatment of the lesion is concerned, by all means, in civil practice, let it alone. Treat it as you would a fracture of the hip. Institute perfect quietude and rigid antisepsis, if there be no question as to comminution of the joint and extensive smash-

ing of the bone. In the latter instance three courses are open to us to pursue. Gouge out pieces and make an atypical excision, which is by far the best; a typical excision, or an amputation. The last means death in the great majority of cases, and the second is followed by bad results, as a rule: atypical excision is attended by less shock and danger of death.

We are at present having a great amount of light shed upon joint affections, and we need plenty of it in the surgery of gunshot wounds. Nothing will settle the vexed questions except a great war. Still it is difficult to draw conclusions from military experience, and rules drawn therefrom must be adopted with provisions, and exceptions kept in mind for wounds inflicted in civil life, inflicted as they are by smaller missiles and attended with less destruction of parts.

DR. RANSOHOFF had never seen a gunshot wound of the hip-joint. He thought, however, that it would always be a great question as to the real involvement of the articulation. No other joint, except the shoulder, is so covered by the soft parts. The speaker had had some experience with wounds of the joint other than such inflicted by a bullet. He cited the case of a man brought into the hospital with a stab wound of the hip, the blade having entered in the neighborhood of the trochanter, in a direction upward and inward. He saw the patient twenty-four hours after the accident, and was assured that aseptic dressing had been applied. There was no shock, nor evidences of involvement of the joint. In forty-eight hours the temperature had mounted to 103° ; pulse 120. After removal of the dressing the speaker saw the wound over the hip and signs of acute involvement of the joint. There was great difficulty of motion, contraction of the adductor mass, and motion attended with pain, which was not located specially over the joint but along the track of the wound. He believed then that the joint had been injured. The wound was washed out thoroughly and a drainage-tube passed in to a distance of five inches. Tem-

perature went down to 102° , yet the man died of sepsis. A post-mortem examination showed no wound of the joint. So that it was best for the patient that a positive diagnosis of injury to the joint was not made.

The speaker believed that it was better for a patient to recover with the supposition that there is no involvement of the joint, than that he should die with the knowledge that such did exist. There is but one way to examine such cases, and that is with the probe and finger; but this should not be done unless there is danger of death from hemorrhage. It is most difficult in civil life to resist the temptation and entreaties to probe. During the riot several years ago, about thirty out of the forty cases sent to the hospital had been examined with the probe or finger before they arrived at the institution. The damage is done by probing to a large extent. Even if it be known absolutely that some clothing has entered into the joint, without injuring a vessel, it remains a question whether it is advisable to make a search. The bullet by its own heat, as a rule, incites the wound to heal by first intention. Granulation goes on without real suppuration. The channel has been pretty thoroughly cauterized by the bullet in its course and rendered germ-proof. The speaker, if subject of such an injury, would prefer to have it thoroughly covered with iodoform, hermetically sealed, and take his chances. In reply to a remark he stated he was aware that iodoform did not kill the germs, but it has a deleterious influence upon the ptomaines produced by them. It allows the germ to develop and destroys its capacity to do harm. It is really entertaining to think that we may allow their number to increase for no purpose. Besides, what is the good of probing? The speaker had never seen a bullet found except when lodged near the skin. He had never seen a bullet removed from the depth of a wound, and he had seen about twenty-five gunshot wounds, but only one by a rifle ball in private practice. The proper treatment of gunshot wounds cannot at present be determined. It is very prob-

able that the practice will be that of conservatism, just as in cases of compound fractures from other causes.

DR. RYAN considered the pathological condition in the first case and the relation of the symptoms something uncommon, when we consider that the joint surfaces were so extensively involved, destruction having taken place, and yet so few symptoms of joint involvement. This is of peculiar interest, because if any one joint lesion leaves certain ear-marks it is that of the hip-joint, and here shortening might certainly have been expected, with all the concomitant symptoms of a destructive inflammation of soft joint structures. Destruction of the cartilage and ligamentum teres is seldom, if ever, accomplished without the characteristic clinical symptoms. Certainly, if this case had no other interest, it must have contributed an unique report to a class of joint lesions which, happily, we rarely see.

DR. CONNER remarked that the symptoms referred to by the last speaker are due to chronic disease. In gunshot wounds, if we prevent septic conditions, no damage results except impairment of the hip-joint. Aside from that, there is nothing to indicate the existence of an injury. A post-mortem examination, however, will disclose a decided amount of osteitis, a thickening of the bone, and, where fragments have been thrown out, the growth of buttresses for their support. A boring through the bone by the ball is scarcely more dangerous than boring with a small trephine, unless accompanied by splintering, and especially if followed by septic infection. The speaker had extracted many bullets lodged at considerable depth, especially in days gone by. He referred to a case of gunshot wound of the hip-joint in which amputation was resorted to, but the patient died in consequence of the primary hemorrhage. A thorough examination was made after death, and yet the bullet could not be found. If, then, we may even fail post mortem, as in this case, how much more difficult must it be to discover the bullet during life.

DR. RYAN thought that in the first case, if he had comprehended it, there was a little more than a boring through of the bone. This lesion resulted in a destructive inflammation of the joint structures. It is difficult to comprehend how, if this heals, it can leave a good joint, and much more so if buttresses of bone are thrown out. Septic inflammation is likely to prove, as this case shows, as destructive in character as tuberculous disease, though not invariably so; but where it has done so the question of repair, *i.e.*, a return to a normal joint, would be as improbable—one might say impossible—as in the tuberculous joint.

DR. CONNER said that the patient referred to had simply a septic inflammation of the hip-joint. He had motion. The ball produced nothing but a comminuted fracture, without splintering of fragments, and this is different from chronic inflammation of the joint. The result often is not an ankylosed joint, the thigh moves through an arc that enables the patient to get about, and a tolerable recovery results.

DR. KANE, in conclusion, stated that he was not afraid to insert a *clean* finger or probe into a gunshot wound. He did not believe that there was more danger connected with this than the insertion of hands into the abdominal cavity as practiced to-day. He would always remove particles of clothing if possible, for he had never seen a case in which such material did not create trouble. He had seen but one bullet that had become encapsulated. All others he had been compelled to extract on account of the inflammatory trouble caused by them. In Gross' Surgery, page 380, edition of 1882, reference is made to the statements of Dr. Hutin, chief surgeon of the Hotel des Invalides, of Paris, who, out of 4,000 soldiers, examined within a space of five years, found that only twelve experienced no inconvenience from the retention of foreign bodies, and of the rest, 200 in number suffered more or less severely until relieved by operation.

The speaker believed that in cases like the one first reported, an exploratory incision is demanded to clear

up the diagnosis, and to treat the case properly.

CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of November 5, 1889.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDWARD S. STEVENS, M.D., Secretary.

DR. J. A. THOMPSON read a paper
entitled

*A Case of Foreign Body in the
Larynx* (see page 9).

DISCUSSION.

DR. THORNER: The case reported proved the fact that the larynx is at times extremely tolerant. Whilst ordinarily a foreign body anywhere in the upper air-passages causes most distressing symptoms, there are cases known where hardly any inconvenience was produced by the presence of a foreign body in the larynx. A few years ago a case was reported at the meeting of the American Laryngological Association, where a pin had been located in the larynx for two years. The longest time that the speaker had seen a foreign body remaining in the larynx was about ten days. A girl of fifteen years complained of pain in her throat since two days. Laryngoscopic examination revealed a fish-bone impacted in the larynx just above the vocal cords, the two sharp ends being fixed on both sides within Morgagni's ventricles. The bone was removed with the laryngeal forceps, was about three-fourths of an inch long, and of moderate thickness. The patient was sure of not having eaten fish for the last ten days.

There is no doubt that it is sometimes very difficult to diagnosticate the presence of a foreign body. This is the more the case, as people often complain of the presence of a foreign body where in reality none exists in the throat, as in the second case of the essayist. Speaker thought that just as many people consult us for imaginary as for real foreign bodies in the throat. That at

least was the speaker's experience. In a number of cases of this kind we can readily convince the patient that no extraneous substance is lodged in the throat, especially when we wait until any lesion that may have been produced by the foreign body has had time to heal. In one of the speaker's cases a young lady complained of a pill being fixed in her throat, about in the middle, below the sternum. Although this pill (an ordinary cathartic pill, taken twenty-four hours previous to the consultation) had acted sufficiently, she could not be convinced that the pill could not possibly be retained in her œsophagus. Finally she was satisfied after the introduction into her œsophagus of the sponge-probang, and complained no longer. There is another class of patients who complain of foreign bodies in their throats, where never any such substance entered the throat, but where a pathological condition of the same accounts for the troublesome sensation. Such conditions are enlarged tonsils, enlarged uvula, varicose veins in the uvula and the posterior pharyngeal wall, enlarged papillæ at the back of the tongue, enlargement of the lymphoid nodules in the same place, etc. A removal of these pathological conditions is the treatment indicated—to free the patients from their morbid sensations. The third class of patients consists of those who seek relief from foreign bodies in their throat, where such a substance never entered the throat, and where no pathological change of the latter can be detected. In such cases the sensation may be only a reflex phenomenon, caused by some remote ailment, as, for instance, uterine trouble, a gastric catarrh, etc. In other cases, however, we must consider the complaint as a neurosis—as a paræsthesia of the throat. Speaker referred to case where a lady, a patient of Dr. Carson's, was examined by him. She complained of having a piece of the shell of a walnut in her throat, that became lodged there a few days ago. Nothing abnormal could be detected. Being treated by Dr. Carson at the same time for indigestion, the foreign body was complained of no longer. In

those cases, however, where the complaint is only the symptom of a neurosis, found mostly in women, the treatment is frequently very unsatisfactory.

DR. JOS. EICHBERG spoke of the tolerance of certain parts to foreign bodies, relating in brief the history of a case seen in a Vienna clinic. The patient had claimed to have swallowed a plate of false teeth eight months before his appearance at the clinic. At that time the foreign body could not be found. For six months he suffered no inconvenience, but for the two months previous to his entering the clinic he had complained of pain and dysphagia. An œsophagotomy was performed and the plate was removed.

THE LATE PROFESSOR VOLKMANN AS POET AND LITERATEUR.

[*Medical Record.*]

Volkman was exceedingly skilful and elegant as an operator, he was fertile in resources, and a great inventor of new procedures. His pupils idolized him, for he was not only a teacher who joined the greatest elegance with the highest clearness of diction, but he was, up till his death, the students' sincere and warm-hearted friend. In spite of his high rank in society and in the hierarchy of science, he remained a *Bursch* to the last. In Halle many amusing stories are current about Volkman's good-humor. In the midst of his overwhelming professional work, he found time to gain the laurel wreath of a poet. His *Träumen an französischen Kaminen*—tales which he sent home to his children during his sojourn in France in 1870 and 1871—were published under the pseudonym "Richard Leander," and had a great success. His *Lieder aus dem Saaletal* added to his literary reputation, and many of his fairy tales, told in the first instance to his own little ones, found their way to the hearts of German children. In Volkman Halle has lost its chief medical attraction, the German army one of its foremost surgeons, and the art of surgery one of its most brilliant exponents.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, Nov. 15, 1889.

OFFICIAL REPORT.

The President, A. B. JUDSON, M.D.,
in the Chair.

The paper of the evening on

The Treatment of Talipes Equino- Varus by Continuous Leverage,

Was read by DR. H. L. TAYLOR. Viewed from behind, this deformity is a curve of the foot and leg with its convexity directed outward. In order to exert continuous leverage, a splint is applied to the inner or concave side of the curve, and then the deformity is reduced by drawing the foot and leg to the splint. By progressively bending the splint, valgus may be produced. Leverage should thus be applied to overcome first the varus, and afterwards the equinus, the heel cord being left until the plantar fasciæ have yielded. Tenotomy does not take the place of systematic mechanical treatment. Much disappointment has been caused by failure to realize that it is only an incident in the treatment of club-foot.

The appliance used by Dr. Taylor consists of a steel shank, which is easily bent according to the requirements of the case, pivoted to a foot-piece composed of a sole-plate and a side-plate. It is worn inside the shoe. The shoe cannot hold the foot, as it has no certain grasp, and the foot slips and turns inside. The foot is to be held and gently forced into position by the properly-applied pressure of straps and buckles, the sole being kept in contact with the sole-plate by a three-tailed adhesive plaster applied to the leg, a piece of webbing being attached to the plaster and buckled to the heel of the apparatus. Moderate continuous stretching thus applied is irresistible, and is easily borne by the patient. During the prolonged after-treatment, the patient goes about quite independently, the brace being completely concealed by the shoe and stocking.

DR. V. P. GIBNEY had formerly corrected both the varus and equinus at once, but for some years past he had been in the habit of first converting the equino-varus into equino-valgus, and then reducing the equinus, the after-treatment being conducted with a retentive apparatus. He preferred taking six months to reduce the deformity, which can be done in many cases without tenotomy; but a speedy method consists in giving an anæsthetic and molding the parts for ten or fifteen minutes, and then reducing the varus by manual force. A light plaster-of-Paris bandage holds the foot in equino-valgus for four weeks, and then the tendo-Achillis is cut, and for ten days the foot is held in calcaneo-valgus. An apparatus is then applied and the parents are instructed in regard to the after-treatment. In those cases in which the bones are unmistakably distorted and elongated on one side and atrophied on the other, he had tried various methods, including excision, stretching, and gradual and rapid replacement, with good results.

DR. N. M. SHAFFER preferred to use an apparatus applied on the outer side of the foot, believing that if applied on the inner side, it will have an improperly located center of motion, as was demonstrated on the black-board. Points of pressure, however, are made as in the apparatus described by Dr. Taylor, on the inner aspect of the heel and the inner and upper aspect of the tibia; while between these points of pressure there is inserted a centre of motion to the outer side of and below the external malleolus. The operator is thus enabled, by the use of the key, to exert a real traction force on the resisting lateral tissues, the heel being thrown downwards and outwards, after the straight line is reached, instead of upwards and outwards. He had not found it necessary to use adhesive plaster in this method of reducing the deformity. He favored the application of exaggerated force at very short intervals if reduction cannot be effected by constant pressure. As soon as this rigorous treatment has made it possible for the patient to properly apply the foot to

the floor, a walking shoe is applied, which makes use of the weight of the body as a means of overcoming muscular and ligamentous resistance.

DR. R. H. SAYRE said that the treatment of club-foot is simply a question of bringing the foot into a normal position and keeping it there while shortened tissues are gaining length, and lengthened ones are contracting to their proper dimensions. If resistance is encountered, cutting the fibers is certainly preferable to tearing them by the exercise of great force. Whether or not a tissue can be stretched may be determined by putting the part on the greatest possible stretch, and, while so stretched, making point pressure with the finger or pinching the part between the finger and thumb. If a reflex spasm is obtained, this tissue will not stretch. Dr. Taylor has well said that tenotomy and osteotomy are only steps in the treatment; and the method to be adopted is to keep the foot in the normal position while it is growing. We may derive encouragement from the marked results of the Chinese in their persistent efforts to deform the foot.

DR. JUDSON preferred a lever on the inner side of the foot, and used a simple strip of adhesive plaster wound around the foot and buckled on the side of the foot-piece. In this way the ankle is drawn into the concavity, the foot is untwisted, and the heel is held in contact with the foot-plate. In the newborn, the deformity is to be reduced in the most convenient of a half-dozen approved methods. This must be done gently and thoroughly by the time the child begins to walk. After that a light brace, worn for many years, should hold the foot on the right side of the dividing line between varus and valgus, so that every foot-fall of the growing child shall give an impulse toward the normal shape.

DR. RIDLON thought that orthopædic surgeons failed to recognize the fact that the after-treatment in these cases is of the same duration whether the deformity be corrected in a few days by operative means, or only after many months or years by instrumental means. It is doubtful if it be justifiable to con-

fine a patient for so long a period as is usually done when instrumental means are employed, simply to avoid an operation. Another objection to the mechanical treatment of these cases is that valuable time is lost during the period of growth, for a crooked foot grows crooked, and a straight foot straight. It would therefore seem desirable to correct the deformity at the earliest possible moment in order to get the benefit of the growth in the corrected position, and in order also to get the correcting force of the superincumbent weight as described by the last speaker. Congenital cases in very young children, which yield readily to stretching, may be treated in that way; and other cases which can in a reasonable time be corrected by intermittent traction, would seem to be suitable cases for mechanical treatment; but the severe forms of club-foot should be subjected to more vigorous measures.

TREATMENT OF IODISM.

[*Medical Times and Register.*]

The origin and treatment of iodism is the subject of an essay by Roehmann and Malachowski (*Therap. Monatsh.*, 1889), who regard the manifestations of intense irritation of the mucous membrane, which so frequently follow the administration of small as well as large doses of iodine, due to free iodine in the system. It is necessary for this development that nitrites should circulate in the organism and that the reaction of the respective mucous membrane should not be alkaline. Hence, the author's attempt by administering 150 to 180 grains bicarbonate of soda in two doses daily, to render the mucous membrane alkaline. By this treatment, pursued since 1887, they have succeeded not only in ameliorating the most intense iodic irritations, but in removing the milder ones entirely.

ACUTE coryza is said to be cured by inhaling camphor fumes, the camphor being powdered and placed in a vessel containing boiling water. Ten or fifteen minutes suffice for the cure of acute cases if taken early.

Selected.

THE CAUSES AND TREATMENT OF INFLUENZA.

By ROBERTS BARTHOLOW, M.D., LL.D.

[*Medical News.*]

Influenza considered from the historical standpoint.—The reappearance of influenza in one of its cyclic manifestations, or epidemics, is an interesting event. With the improved methods of study and determination of bacteria, its character of the development will now be arrived at with some certainty. Already the study is bearing fruit, and the pathogenic organism has been announced again as it was many years ago. All the facts in the behavior of successive epidemics can be accounted for on this hypothesis only: that some micro-organism is the real *materies morbi*; and as no theory can be true that omits facts that are essential, and as it is not theoretical discussion I purpose entering on, I content myself with saying that there is every reason for the belief that some micro-organism or its ova is deposited on the mucous membrane of the nares, bronchial surfaces, and fauces, which, proceeding on its course of development, induces a local irritation and systemic poisoning attended by the complexus of symptoms known as influenza. It is necessary, however, before we can finally except an organism as the genuine one, that proper cultures be made.

There are many singular points in the history of influenza epidemics which may be used here merely to illustrate the nature of the malady and its cause:

In the first place, as to the manifestations of the disease in history. Four centuries have certainly witnessed true epidemics, and the periods of recurrence have shown that a real plan has been followed; but there have also been numerous apparent visitations of the epidemic activity which can only be explained on the hypothesis of a minute organism.

There are, it is clear, two great periods of wide diffusion of the *materies morbi*—one in which the maximum

length of the interval between the rise and spread of the influenza is from forty to fifty years, and the other from fifteen to twenty years. As, however, there are many minor epidemics, it must be explained how these are accounted for on the principle that a living organism—a microbe—is the morbid agent. The minor epidemics of variable periods are restricted to certain localities where the conditions of soil and climate, or other special influences, favor the stay of micro-organisms—their reproductive activity and their action on the mucous membrane; but in these instances they do not develop, in the course of their physiological growth, sufficient momentum to spread beyond the parts to which they are restricted. Another restraining influence is the limitation of those local climatic peculiarities which have been the efficient cause of those favoring influences to be hereafter described.

It is quite evident that certain climatic conditions have existed in the areas of diffusion occupied by the microbe, as there are cycles of time connected with the changes in the "sun-spots." Herschel pointed out long ago that these cycles of sun-spots occupied periods of time of eleven years and seventeen years, which a common multiple will bring into harmonious relations with the periodical activity of the epidemic power or influence, and whatever climatic characteristics must exist to secure the necessary power of diffusion to the microbe or poisonous material, this power must be general or universal in our atmosphere to satisfy one principle—that is, the principle of universality—for no restrictions in the atmospheric areas exist as against the appearance of influenza.

The one great fact of the epidemic influence is its *universality*. The great epidemics have prevailed in all climatic areas from the equator to the poles, through isothermal, isotheral, and isoclinal lines, and the special peculiarity of these divisions, of the temperature lines, which would otherwise be considered accidental, is the extent of humidity, of rainfalls and fogs, and of those peculiarities of soil and climate

set up by them. As respects the climatic changes, they must be such as have connection with great periodical disturbances in the great source of changes in temperature—the sun with its photosphere and magnetic storms.

It has often been remarked that the direction of prevailing winds may be wholly against the general direction taken by the micro-organism in its diffusion. This phase of an epidemic presents no difficulties, now that it is proved that the direction taken by the higher currents in our atmosphere may be pretty generally opposed to those of the air strata in which we live. The Eiffel tower has had a meteorological station on its highest point, and even at this point it has been ascertained that the prevailing wind is in the opposite direction to that on the earth's surface. The diffusion of a pathogenic microbe, the conditions below being favorable, may take place from a higher portion than it were otherwise possible to do and thus wide distribution be attained. As damp and foggy weather is the only variation in the usual course of things climatic in character, that seems to be a necessary condition to the development of the disease, we may assume that the diffusion of the germs is probably facilitated by this state of the atmosphere.

As regards individual susceptibility or insusceptibility, the only known conditions besides those above mentioned that appear to influence the attacks of influenza are infantile life and sex. An infant is, clearly, less liable to have attacks, and delicate women more susceptible than males. There is no difference due to condition of life, and those insanitary surroundings that increase the tendency to seizures of infectious diseases do not appear to have any influence over the progress of influenza.

It is conceded by Hirsch and Lombard⁽¹⁾ that the various epidemics have quite uniformly had the characteristic qualities exhibited in the above outline. That the pathogenic material exists in the form of a micro-organism must be considered as the only true explanation of the nature of influenza, as studied

¹ Traite de Climatologie, tome iv., p. 400.

from the historical standpoint. Not less, also, must it be the conclusion when the question is to be answered from the pathological standpoint.

Pathology and morbid anatomy.—In respect to its pathology, we find that epidemic influenza is allied to the recurring catarrh known as hay-fever, at one end of a series, and to diphtheria at the other end. In respect to the severity of the morbid complexus, the relationship with diphtheria is more intimate.

The changes in the tissue are in the same order as those attendant on an acute catarrh caused by such local irritants as the powder of ipecacuanha, the odors derived from certain flowers, and the pollen of grasses, giving rise to hay-fever as the hyperæmia and catarrhal process of those points of mucous membrane where the *materies morbi*—a microbe or poisonous matter produced by a micro-organism is lodged. When such an organism or its spores come in contact with the mucous membrane, it begins its development—living and growing, and reproducing its own kind. As the mucosa is the soil from which it extracts its own nutriment, so to this soil it returns the product of its own physiological activity. The question whether a given germ itself caused any morbid complexus has been asserted and denied, but the weight of authority is unquestionably in favor of the view that ascribes the symptoms resulting from the action of germs to some product of their own growth. Numerous examples may be given, but a few of the more important must suffice. Thus in infectious diseases, a poison produced by a peculiar microbe is formed from the mucosa where it is deposited. It is held, for the most part, that the poison is a chemical one; that local ulcerations may be formed partly by this substance, and systemic action is caused when the poison enters or diffuses into the blood. The maladies caused in this way are typhoid fever, the eruptive fevers, and some others.

As respects the severity of the consequences which result from the action of specific microbes, there are various differences between the several forms both in the local and systemic actions.

Thus in the case of Ebert's typhoid bacillus the local action is severe and the systemic also; but in the case of the germ of influenza the local action is far less important than the systemic disturbance.

The mucous membrane may be attacked at any point where the access of air is secured by the anatomical arrangements—the nasal, faucial, bronchial, and Eustachian tube tracts of mucous membrane and the intestinal canal. Here are to be seen the various stages in the process of mucous inflammation, according to the time of the original contact—the dry stage of congestion, followed by increased secretion, first of serum and leucocytes, and, third, the addition to the second of the ordinary purulent materials. According to the severity of the disease is the extent of the mucosa affected. In the severer cases we find, besides the same changes of the mucous membrane, capillary bronchitis, catarrhal and croupous pneumonia, the products of the catarrhal process containing some peculiar opaque masses. Although catarrhal and croupous pneumonia are said to be “complications” they should be regarded as occasional conditions, and when present are, properly speaking, constituted parts of the malady. Whatever peculiar appearances in the products of the inflammation may be seen, are no doubt due to some form of the parasitic growth. The chief importance of croupous and catarrhal pneumonia is that the development of these, out of an existing catarrh of the bronchi, is frequently a cause of death.

Similar lesions are found in the œsophagus and stomach, and rather rarely are the intestines reached, whence it may be concluded that the parasites deposited on the mucous membrane of the mouth are swallowed with food and drink, and thus come into contact with the mucous surfaces below.

The changes effected by the action of the morbid matter on diffusing into the blood have not been studied, and, also, the effects upon the circulating organs and the lesions of the nerve centers remain as yet unexplained. That the ptomaine formed by the develop-

ment of the microbe exerts an influence on those organs upon which it seems to have a selective action can hardly be doubted; but until the special form of the micro-organism has been determined the nerve pathology must continue obscure.

The symptom-complex of influenza.—This malady has the general character of an acute mycosis, has a local action on the point of deposit, forms a chemical ptomaine, and by the absorption of this the systemic affection results. It follows, therefore, that two kinds of symptoms result: local symptoms and systemic symptoms.

Influenza comes suddenly; goes as quickly. The least robust, at any age, and women seem to be the first victims. It is here a question of bodily conditions; not of the sex. The large numbers simultaneously attacked attracts general attention, and thus those most impressionable are seized, the onset being facilitated by any depressing emotion like fear or illness. There is no rigor, properly to be thus designated, but rather a series of light chills and a feeling of heat therewith. Sometimes *malaise* of a general kind is experienced, but, like the attack itself, is short in duration—lasting but a few hours. When the air loaded with the micro-organisms reaches a given population, down upon all human creatures fall these bodies, and by the air they are carried into all the recesses and crevices of the naso-pulmonary mucous membrane. This being a soil favorable for their growth and multiplication, these processes begin, and immediately a poison is formed and diffuses itself into the blood. Some local action is exerted by the poison, of a chemical nature, probably; but for the most part the production of this material necessitates the action of the germ on the parts where it is living and growing. Hence it is that a morbid state of these parts is induced.

With some bad feeling, not developed immediately, however, there are heat and burning of the nose and fauces, tickling with heat of the Eustachian tube, and a similar sensation in the tear duct. The eyes feel hot, the lids swell,

and tears begin to flow. The most unpleasant of these sensations is a stuffing of the upper parts of the nares and even in the frontal sinuses.

With the first access of the nasal and faucial irritation comes the chilliness, which is followed by some feverishness, with more pronounced *malaise*, and, in general, the headache, weakness, and soreness of the members, especially of the larger joints. With the progress of the case in some epidemics there is considerable general weakness, even marked depression, of the vital powers. The pulse becomes small and weak, the mind gloomy, and restlessness ensues. There is little disposition to exertion at any time, and mental hebetude coincides with physical depression. The indisposition to exertion is a conservative state, in so far as quiet is necessary, owing to the enfeeblement of the cardiac ganglia and the centres of the respiratory and cardiac systems.

When a fatal termination is to occur, as a rule, an extension downward into the trachea and bronchi takes place. The cough in all cases has, at the outset, a brassy, rough, or ringing character; it is not paroxysmal; it is frequent, almost incessant, as is the tickling of the throat, the tickling of the nares, and the itching and tickling of the middle ear. With the downward spread of the disease a good deal of mucus is expectorated, at first grayish, tough, and gelatinous, becoming afterward merely purulent and watery, and rather rarely, brownish-gray, with crystalline masses mixed in. Rather rarely, however, casts of the lesser bronchi and bronchioles are brought up, after most prolonged and distressing coughing, and such an access is followed by feebleness and by extreme weakness. In fatal cases, as a rule, the phenomena of catarrhal pneumonia and of croupous pneumonia supervene; but, as they offer no special differences in their symptoms and course, they do not require further consideration here.

Course and duration.—The rapidity with which the disease supervenes—its preliminary development being hours, and its whole career but a matter of three or four days, is remarkable. It

must be remembered, however, that those already suffering with an acute catarrh are apt to have the epidemic seizure fastened on it, or that the true influenza may excite, especially in those with a phthisical tendency, a catarrhal process, which, in the ordinary form, may continue. The variations in severity in the local symptoms, in the character of the cough, in the expectoration, are considerable in ordinary cases, and in those of mixed character cannot be reduced to fixed rules, especially in the phthisical and in those with disordered nervous systems.

As respects the heart and circulation, it is to be noted that at first the pulse is not much affected; a little fuller, with moderate fever, but in the severe cases becomes weak and often intermittent, changing to thready and extremely irregular in a few hours. As, in the days of the chief epidemics, the thermometer was not used, the only evidence in the matter of temperature is derived from the more or less graphic statements of the medical writers of the past generation. It was not often increased more than two degrees F., we may suppose, and rarely above five degrees F. when catarrhal and croupous pneumonia were added to the morbid complexus. There is reason to believe that in those cases characterized by the predominating nervous element, headache, dizziness, mild delirium, pains in the limbs, and obstinate wakefulness, are most commonly seen, although extreme somnolence and prolonged sleep have been observed in many instances.

Relapses are common, usually each succeeding seizure being milder, but not a few pass by easy transition into chronic bronchitis, emphysema, asthma, etc. The secretion of the urine is generally unaffected, except by those simple changes belonging to a mild febrile attack: but in not a few the urine becomes albuminous and scanty, and anuria is added to the other morbid conditions and symptoms. Obviously a catarrhal process so extensive and severe may contribute immensely to chronic disease of the middle ear, Eustachian tube, nose and throat, and thus permanently damage the parts.

In a small proportion of cases, the stomach is disordered, diarrhœa supervenes or a dysentery appears, all due to the microbes which pass down with drink or food.

Something may be said, and very profitably, of the catarrhal epidemic epizootic which prevailed among horses in 1870, or about that time.

As an owner of some driving horses, and needing their service, I was necessarily a close observer. The horses well fed and carefully "stalled" were much less severely attacked than those in crowded stables and badly used in all ways. All were weak and had an aspect of suffering, were cool to the touch, had a little fever, but usually a subnormal temperature, some swelling of the neck glands, and the other symptoms of a catarrh, including a very purulent discharge.

The mortality was considerable in the severer cases, and the causes of death were the same as in man. It appeared to me that this epidemic disease is the parent of the affection in man, but modified by transition through so many, it has become milder, and each succeeding epidemic is less aggressive.

In the case of my own horses, I found atropine sulphate an efficient remedy.

Treatment.—Though having had no personal experience, the general principles are such as to permit an authoritative expression. When the great epidemic of 1845-46 prevailed, President Tyler's personal experience was so unhappy that the popular name of "Tyler's grip" was given to that epidemic.

Persons suffering from catarrhal affection of the naso-pulmonary mucous membrane should adopt the most effective means to keep in good condition—for the impressionability is increased by anything that lowers the vital tone. Are there not microbes that may be used to lessen this susceptibility and any special readiness to receive a new morbid process to be engrafted on the old? It seems to me that the best manner of securing immunity is by the inhalation of sulphurous acid gas daily when the approach of the epidemic renders it necessary, and by taking five

grains of salicylate of cinchonidine three times a day, and by so living as to avoid taking cold.

When the attack has begun, it seems to me desirable to give one or two grains of calomel at night, inhale some sulphurous acid gas, and have the patient sit in a room where steam containing eucalyptol can be inhaled in large quantity.

Local applications are useful as furnished in gases, in vapors, and in powdered solids by the method known as insufflation.

Of the gases, sulphurous acid is one of the more efficient against such troubles as tuberculosis, where a conclusion is reached by test of cultures. To give this, burn some sulphur in an apartment. The amount of the gas to be inhaled depends on the person and his condition. To determine these points, trials are necessary. Ordinarily, some constriction of the throat and a pronounced metallic taste—"brassy"—indicate the limit. The frequency may be twice or thrice a day. Peroxide of hydrogen, oxygen, or ozone will no doubt act well in suitable cases.

The best vapor to use during the preliminary dry stage is steam, and the patient may inhale constantly by filling the air of the apartment. With steam may be included the vapors of creosote and oil of eucalyptus, or turpentine. A simple method of using these remedies is to put into some water a sufficient quantity of eucalyptus leaves and add from time to time creosote or turpentine, or both. The water in the vessel containing these medicaments is made to simmer all the time. The heat may be obtained from a gas stove, a gas-burner, or the common stove. The amount to be disengaged may here be ascertained by noting the effects on the local trouble.

Of the vapors, those most useful are ethyl-iodide, creosote, turpentine, iodine, carbolic acid, iodine with creosote or carbolic acid, etc. These are most useful in the stage when the dryness of the mucous membrane is becoming moist and relaxed.

By insufflation—that is, by projecting fine powders by blowing on the af-

fected parts. An insufflator is an easy method for applying the powder; it has a cavity reservoir, a tube straight or curved, and an air-bag for forcing the air through.

Of the powders, those most useful are iodoform, salicylate of bismuth, tannin, iodo-tannin, and especially resorcin. The last-mentioned will be found to have an excellent effect, by dusting over the whole area as far as practicable.

The internal remedies that will do most good are, first, atropine in solution—gr. j to 3j of water—each minim containing 1-430th to 1-460th of a grain, and the dose will be from one to five minims, the minimum being for little children (after first dentition). The tincture of belladonna may be used—from one to ten drops twice a day. As this medicament is both prompt and prolonged in action, it should be given not more than twice a day, unless the dose be much smaller than is advised above. Salicylate of cinchonidine and quinine should be given as a prophylactic remedy, if there be reasons to suppose that such power is really exerted by it. My own conviction is that as a prophylactic the combination of cinchonidine with salicylic acid is preferable to quinine. For the depression and melancholy it is probable that atropine will do better. For the distressing headache, joint pains, and wakefulness, antipyrin, acetanilid, phenacetin, and other germicides and antiseptics, will, no doubt, be found useful.

THE RECENT INFLUENZA.

[*Medical News.*]

A writer in the *International klinische Rundschau*, December 8, 1889, who has studied the recent epidemic of influenza at St. Petersburg, classifies the varieties of the disease as follows:

1. The nervous form, in which neuralgic pain, often simulating pleurisy, etc., is a prominent symptom. The mucous membrane of the gastro-intestinal and respiratory tracts are normal. This form is very common, and in the beginning is frequently mistaken for typhoid fever.

2. The form characterized by catarrh of the respiratory tract. Bronchitis, coryza and conjunctivitis develop with fever, and frequently continue for some days after the fever has disappeared.

3. The gastric form, in which there is a catarrh of the gastro-intestinal tract, often with severe vomiting, which lasts about two days.

Other symptoms occasionally present are herpes of the lips, nose or eyelids; erythema, roseola, and urticaria. More serious complications, fortunately very rare, are meningeal irritation and pneumonia. The latter is the cause of death in the few fatal cases.

Besides these well-marked varieties, there are many others which run a slight course or are abortive.

Convalescence is usually rapid, many patients feeling quite well within one day after the temperature has fallen to normal. With others the catarrhal or nervous symptoms continue a few days longer. Relapses have been observed occurring between the fifth and seventh day of convalescence, ushered in, as is the primary attack, with a chill followed by fever.

In treatment the most useful drugs are quinine, antifebrin, antipyrin, salicylate of sodium, and diaphoretics.

THE RED LINE ALONG THE GUMS.

[*Hahnemannian Monthly.*]

Dr. Snader says: Taking into consideration all the facts, I am forced to the conclusions:

That while the original observer of the red line in phthisical patients was correct in observation, he was incorrect in his deductions therefrom. The line itself is explicable on other and more reasonable grounds. A simple coincidence was mistaken for an associated condition.

That the line is not a diagnostic sign of phthisis at all, but of a disease of the gums.

That, unfortunately, one cannot diagnose a case of phthisis by an examination of the gums.

That aside from tubercularization, lead poisoning, and scurvy, a changed gum line, in the present state of our

knowledge, is not diagnostic of phthisis, nor of any other systemic disease.

That as a disease of the gums, the red line may be a local disease from neglect of the teeth, which may find a genuine predisposition in general connective-tissue relaxation.

That the red line along the gums, which can probably be found in any disease, gives rise to sufficient debility to cause a loss of general tissue tone, if sustained long enough to allow of a deposition of dental *débris* between the gum edges and the teeth.

That in cases of hæmoptysis, where neither cardiac nor pulmonary lesions are discoverable by physical exploration, the gums should be examined.

That the exact value of the red line along the gums as a diagnostic sign of phthisis is naught.

That the red line is significant of disease of the gums, due to improper care of the teeth, excessive accumulation of tartar, or to general systemic tone-relaxation, of which the red line is simply a local manifestation.

APPLES FOR BRAIN WORKERS.

[*Food.*]

Apples contain a larger amount of phosphorus, or brain food, than any other fruit or vegetable, and on this account they are very important to sedentary men, who work their brains rather than their muscles. They also contain the acids which are needed every day, especially for sedentary men, the action of whose liver is sluggish, to eliminate the effete matter, which, if retained in the system, produces inaction of the brain, and, indeed, of the whole system, causing jaundice, sleepiness, scurvy, and troublesome diseases of the skin.

DR. E. FLETCHER INGALLS says that experience has taught him that the cocaine habit is more easily formed than the opium, alcoholic or chloroform habit, although he believes that under proper conditions it can be easily broken. This last conclusion is not correct—the disease is the most difficult to control of any of the “habits.”

IS TYPHOID FEVER A DANGEROUS COMMUNICABLE DISEASE?

BY HENRY B. BAKER, M.D.

[*American Lancet.*]

Replies to a circular issued by the Detroit Board of Health indicate that only a few of the physicians of Detroit feel like replying to questions as to the *contagiousness* or *infectiousness* of typhoid fever, only 89 replies being received to 450 circulars issued (*Journal American Medical Association*, Nov. 23, 1889, p. 747). The circulars of instructions issued by the Michigan State Board of Health, designed to be distributed to the neighbors of those sick with typhoid fever, do not teach that typhoid fever is usually communicated by "contagion" or by "infection." Although the term "infectious" may be applied to this disease, a comparatively new term is now generally employed by sanitarians to express the manner of the spread of such a disease as typhoid fever, which is now generally believed to be a "communicable" disease, spread usually by the bowel-discharges of the sick, and most frequently through access of the cause of the disease to the drinking-water or milk supply. It seems to me probable that a large proportion of the physicians in Detroit share with the advanced sanitarians of this country in this belief, and that may be the reason for the non-reply by some, and for the lack of uniformity in the eighty-nine replies which were received: "Contagious: No, 60; yes, 29; in doubt, 5. Infectious: No, 14; yes, 74. Both contagious and infectious: No, 54; yes, 19; in doubt, 5."

I would greatly like to know whether my supposition on this subject is correct—I would like to know what proportion of the physicians in Detroit, or at least in the leading medical societies in Detroit, believe that typhoid fever is a *communicable* disease.

I do not much want to know how many think the house in which there is a case of typhoid fever should be placarded, because this point is covered by the State law, which requires the local Board of Health to "give public notice of infected places," in the case of any

"disease dangerous to the public health;" therefore the question to the medical profession is whether typhoid fever is a "disease dangerous to the public health." If it is a dangerous disease, and "communicable," then it certainly is a "disease dangerous to the public health," and therefore fully covered by the law.

Although typhoid fever is probably generally spread by drinking-water, it is known that the danger of contracting it is greater in some houses than in others. This was proved by Dr. Fedor (*Archiv. für Hygiene*, 1884, p. 272), who found that in Buda-Pesth, where he studied the deaths for a period of fifteen years, 1863 to 1877, there were:

Deaths from typhoid fever per 100 houses where the interior of the dwelling was:	1. Very clean . . .	165
	2. Clean . . .	177
	3. Dirty . . .	182
	4. Very dirty . . .	356

Also, per 100 houses, where the yard was:	1. Very clean . . .	159
	2. Clean . . .	186
	3. Dirty . . .	208
	4. Very dirty . . .	282

That the danger is greater in some houses than in others was also proved last year in Providence, R. I., where typhoid fever occurred, especially in certain houses where the general water supply (from a river into which typhoid dejecta had been thrown) was filtered through household filters in which filters the bacilli common in fecal discharges were found to have been cultivated.

In the historic outbreak at Plymouth, Pa., if the man whose bowel discharges were washed into the mountain stream which supplied Plymouth with water, and with typhoid fever—if he had not contracted typhoid fever in a certain house in Philadelphia where typhoid fever was, at the time of his visit—he would not have been able to infect that mountain stream, and through it a thousand or more citizens of Plymouth!

It seems to me that typhoid fever is a dangerous communicable disease, and that there is abundant reason for complying with the State law, which requires the local Board of Health to "give public notice of infected places to travelers, by such means as in their

judgment shall be most effectual for the common safety." And I know of no way so "effectual" as by means of a plain and distinct notice placarded on the front of the premises where typhoid fever is present. When such public notice is given, the additional caution to the public *not to eat or drink within those premises* would, in my opinion, be especially desirable. But I cannot forget that I have once had typhoid fever immediately after an investigation of a serious outbreak of that disease ("Annual Report Michigan State Board of Health, 1888," p. 194), in which case I did not eat or drink on the premises, although I probably did inhale air from a defective house-drain into which discharges from typhoid patients had entered. I think I should not have had typhoid fever if I had kept away from the premises where it was.

In order that people may know just where typhoid fever is, and thus be able to keep away (unless their duties, such as those of Health Inspectors, require them to be there), it is essential that "public notice" be given as the law requires.

Will not the medical profession of Detroit, by votes at local medical societies, or in some way, express the views of the profession on the two questions: Is typhoid fever a dangerous communicable disease? Is it not probable that lives may be saved by the local health authorities giving "public notice of infected places" wherever typhoid fever occurs?

The people of Detroit are to be congratulated on the action of its local Board of Health in requiring (in accordance with the views of the medical profession so far as expressed) notice of typhoid fever to be given to the Board of Health by all physicians and householders. May we not hope to be able to congratulate the people still further when the local Board of Health will itself, not only through prompt and thorough disinfection of all bowel discharges from typhoid patients, and by other means, reduce to a minimum the chances of the spread of typhoid fever, but also give the notice to those most interested—those of the public who, not-

withstanding the efforts of the local Board of Health, without such notice might incur a risk of contracting this dangerous disease?

INCISIONS INTO SOFT PARTS IN DIFFICULT LABOR.

[N. Y. Med. Journal.]

A bold operation is proposed by Duhrssen in the *Prager medicinische Wochenschrift*, which he professes to have performed ten times. In each case the mother was saved, but all the children had died during the prolonged labor. Two of the mothers were in danger from eclampsia at the time of the operation. It is said to be indicated in old primiparæ where there is great rigidity of the parts with weak pains, when there is danger from eclampsia, after premature rupture of the membranes, when the pelvis is flattened so that the head of the child will not engage in the superior strait, and when the cervix is rigid or cicatricial as a result of venereal disease, carcinoma, ulceration, or operation. The technique is as follows: No speculum is required. The cervix is seized with the fingers or with forceps, and when the tissues are well stretched an incision over an inch deep is made towards the tuber ischii on each side, extending one and one-half inches up the vagina. The child is then easily removed. The hemorrhage is slight and easily controlled. After the birth of the child the wounds are drained and treated with iodoform. In cases of eclampsia an anæsthetic is not necessary. The chief danger seems at first to be that of the wounds being torn to a greater depth, but Duhrssen asserts that there is no danger of this, inasmuch as the canal thus formed is sufficiently large to allow of the passage of the child's head without causing sufficient tension to tear the wounds any deeper.

CASCARA CORDIAL IN THE CONSTIPATION OF CHILDHOOD.

[Therapeutic Analyst.]

The common variety of constipation of infants arising from an imperfect digestion of the casein of milk, may be

rapidly cured by ten to twenty drops of cascara sagrada cordial once or twice daily. The stools in these cases are hard, light in color, and apt to contain large curds of undigested casein.

If the movements are of normal consistency and color, but irregular and preceded by colic or flatulency, cascara cordial will give most satisfactory results. It should, however, be administered in small and repeated doses, and continued for some time after the case is apparently cured. Six drops four times a day will be sufficient for a child three months old. As a laxative, it is mild and efficient, and unaccompanied by griping or subsequent constipation. It should become a domestic remedy and replace the numerous preparations of rhubarb.

In scrofulous children with large abdomens, irregular bowels, and clay-colored stools, voracious appetites, and coated tongues, the cordial of cascara sagrada appears to have an action beyond a mere tonic laxative, for under the continued use, the feces assume their natural color, or become dark and green, the tongue loses its furring, and the whole system improves in tone. To obtain this alterative action, the dose must be sufficiently small to avoid catharsis.

FOOD FOR GASTRO-ENTERITIS OF CHILDREN.

[*Dietetic Gazette.*]

In the *Lyon Médicale*, a writer advises the following food in gastro-enteritis of children:

Wheat	. 1	tablespoonful.
Oatmeal	. $\frac{1}{2}$	"
Barley	. $\frac{1}{2}$	"
Water	. 1	quart.

This is to be concentrated by boiling to one pint, strained, and sweetened. The result is a mucilage readily taken by children. In gastro-enteritis the patient should be given small quantities of this mucilage at frequent intervals, and no other food administered until the stools assume their normal color.

REDUCED rates are *only* for those who pay *in advance*.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, January 4, 1890.

The Week.

"LA GRIPPE."

This malady, of which so much has recently been written and said, is here. From a limited observation and experience we can say it is not an ordinary influenza. The few cases we have seen had very little coryza or sneezing. The upper air-passages were inflamed, while the voice assumed a coarse and rasping character. The incipient rigors hardly amounted to a chill, but there was a queer, crawling, creeping sensation that was not confined to the back but extended to the fleshy portions of the limbs. Frontal headache was present. After the rigors, fever, with muscular pains, lasting from one to two or three days. There was complete loss of appetite, great lassitude, and disinclination to move about. The entire course of the affection is limited to about five days. But patients are left in a physical condition that must make them easy victims to attacks of pneumonia, nephritis, and acute Bright's disease. Care should be taken to enjoin from exposure to any conditions that will be

likely to produce even the slightest cold. The treatment should be adapted to the stage of the disease: antipyrine, digitalis, and sweet spirits of nitre for the fever, while the salicylate of soda, salol, quinine, and the bromides are naturally suggested as remedies for the flesh pains and headache.

The following lines aptly describe the affection:

How I do ache in all my bones,
Chills up and down my back,
And one would think, to hear my groans,
That I was on the "rack!"

How "queer" I feel nobody knows;
No sleep had I last night;
I think perhaps a little doze
May bring me round all right.

I plaster up my aching head
And try to "sleep it off";
I turn—I toss—the very bed
Shakes with my sneezing cough!

I'm hot one minute—cold the next—
To-morrow's Christmas, too!
I never was so truly vexed,
Nor ever felt so "blue!"

A voice I heard—I did not swoon—
While I in vain did sip
A horrid mixture from a spoon,
It said: "She has 'La Grippe!'"

MAY BARTHOLOMEW in *Commercial-Gazette*.

SOCIETY NOTICES.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, January 7, 1890,
discussion on "Influenza," to be opened
by DRs. THOMPSON and THORNER.

DR. HERMANN, of London, writing in the *Münchener Med. Wochenschrift*, states that he was induced to try the effect of phenacetine in whooping-cough, as he had been very much disappointed with antipyrin. Although he has given children of three and four years old a few doses of fifteen grains each of phenacetine, he has never found any ill effects from its use, and the results, he says, have been uniformly satisfactory.

SEE Reduced Rates to subscribers who pay *in advance* on advg. p. xii.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending December 28, 1889.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid fever.		Croup not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	1											
2.....	1						1					
3.....							2					
4.....	1						1					
5.....	1											
6.....		1					1	1				
7.....												
8.....					3							
9.....	2						2					
10.....	2				1		2					
11.....							3					
12.....												
13.....								1				
14.....					3						1	
15.....	1						2					
16.....												
17.....	1		1					1				
18.....	1						3					
19.....	1		1		4	1						
20.....							3					
21.....							6	1				
22.....												
23.....												
24.....												
25.....							1					
26.....												
27.....			1				1					
28.....					1							
29.....												
30.....					3		3					
Cin. Hosp.												
.....			1									
Totals	12	1	3		15	1	30	5		1		
Last week.	24		5		12	2	41	10		3		2

The following is the mortality report
for the week ending December 28, 1889.

Diphtheria	5
Measles	1
Typhoid Fever	1
Whooping Cough	1
Other Zymotic Diseases	2—10
Cancer	3
Phthisis Pulmonalis	10
Other Constitutional Diseases	2—15
Apoplexy	1
Bright's Disease	4
Bronchitis	11

Convulsions	5
Heart Disease.....	4
Liver Disease.....	2
Peritonitis.....	2
Pneumonia.....	12
Other Local Diseases.....	27-68
Old Age.....	2
Premature Birth.....	4
Other Developmental Diseases.....	8-14
Accidental.....	2
Deaths from all Causes.....	109
Annual Death-rate per 1,000.....	17.44
Deaths for corresponding week in 1888....	84
Deaths for corresponding week in 1887....	132
BYRON STANTON, M.D., Health Officer.	

HEALTH BULLETIN.

Reports to the Ohio State Board of Health from 22 observers for the week ending December 27, 1889.

Form of Disease. In the order of prevalence.	No. who reported cases.	No. of cases reported.	REMARKS.
			Reports of infectious diseases from 61 health officers and observers:
Bronchitis, acute...	12	35	Diphtheria reported by health officers: Cleveland, 8 cases, 5 deaths; Columbus, 12 cases, 2 deaths; Toledo, 15 cases, 3 deaths; Dayton, 2 cases; Springfield, 5 cases; New Straitsville, 1 case; Zanesville, 2 cases, 3 deaths; Mansfield, 1 case; Lancaster, 6 cases; Fostoria, 1 case; Lorain, 2 cases; Bloomville, 5 cases, 1 death; Belleville, 1 case; Iron- ton, 1 case; Oxford, 1 case, 1 death; Defiance, 2 cases; and two cases near West Liberty.
Tonsillitis.....	11	23	
Intermittent Fever..	10	18	
Diarrhoea.....	10	14	
Rheumatism, acute.	9	10	
Typhoid Fever.....	5	7	
Whooping-Cough....	4	6	
Pneumonia.....	4	5	
Pleurisy.....	3	3	
Scarlet Fever.....	3	3	
Remittent Fever...	2	8	
Measles.....	2	4	
Dysentery.....	2	3	
Diphtheria.....	1	2	
Erysipelas.....	1	1	
Puerperal Fever... ..	1	1	
Cholera Morbus....	0	0	
Consumption, pul..	0	0	
Cerebro-spin. Men..	0	0	
Typho-Mal. Fever..	0	0	
Croup, membranous.	0	0	
Cholera Infantum...	0	0	

Scarlet Fever reported by health officers: Cleveland 18 cases, 1 death; Columbus, 3 cases; Toledo, 3 cases; Dayton, 1 case; Springfield, 1 case; Zanesville, 5 cases; Lancaster, 1 case; Lorain, 2 cases; Crestline, 1 case; Tiffin 2 cases, 1 death; Woodsfield, 1 case; Warren, 1 case; Wooster, 2 cases; Youngstown, 1 case; Millersburg, 1 case; Wellston, 2 cases; Urbana, 1 case; Wabash Tp., 1 cases. Reported by observers at Rocky River, Range, and Neville.

Typhoid Fever reported by health officers: Cleveland, 5 cases 4 deaths; Dayton, 1 case; Mansfield, 1 case; Fostoria, 1 case; Bellaire, 1 death; Crestline, 2 cases; Youngstown, 1 case; Conneaut, 1 case. Reported by observers at Wadsworth, Sharonville, Mineral Ridge, and Moore's Fork.

Cleveland reports 75 cases and 5 deaths from Measles, and Wellston reports 15 cases of dysentery.

Health officers report no infectious diseases in Dalton, Bainbridge, Springboro, Savannah, St. Paris, Salem, Kent, Alliance, and New Richmond.

C. O. PROBST, M.D., Secretary.

SWEATING OF THE FEET.

[*British Medical Journal.*]

The result of extensive experiments in the German Army as to the best treatment for excessive sweating of the feet has been to prove the great superiority of chromic acid over all other applications. Of 18,000 cases in which chromic acid was used, 42 per cent. were reported "cured," 50 per cent. "improved," and only 3 per cent. "unrelieved." The feet are first bathed, and, after being thoroughly dried, a 5 per cent. solution of the acid is applied with a brush. Two or three applications suffice, as a rule, but the treatment has sometimes to be repeated after a fortnight.

DIGESTION OF INFANTS.

[*University Med. Magazine.*]

A question which has attracted our attention of late is as to whether the digestion of an infant is an acid digestion. In an examination of the gastric juice of healthy children, a notable absence of acid has been observed soon after digestion has commenced, while in unhealthy children acid was found. It is thought that the digestion in infants is an alkaline one, and, acting on this principle, we are now employing a plan of treatment for debilitated infants, consisting of saccharine and soda-bicarbonate, together with a pancreatinised oil, such as hydroleine.

MUNDÉ says that to the imprudent act of getting out of bed without protecting the feet—one so commonly committed by women without thought of the consequences—may be traced many an attack of cellulitis, brought on by the sudden though momentary exposure of the feet to cold. It has caused more diseases to women previously healthy than could result from any other single act of imprudence.

Obituary.

DAVID PRINCE, M.D.

We are called to chronicle the death of one of the ablest and best known members of our profession. December 19, 1889, Dr. David Prince, of Jacksonville, Ill., died at his home. The following action, taken by the local profession at his home, evinces their high appreciation of him as one of nature's noblemen and brightest ornaments in the personnel of our profession.

ACTION OF THE PROFESSION.

At an adjourned meeting of the physicians of Jacksonville and vicinity held in the Y. M. C. A. Building, Saturday evening, December 21, it was unanimously agreed to attend the funeral of Dr. David Prince in a body, and resolutions were reported by the committee previously appointed: Dr. Andrew McFarland, Dr. Thomas J. Pitner and Dr. Green V. Black. The resolutions were adopted unanimously, and it was ordered that a copy be furnished the bereaved family and the daily papers for publication. It was further ordered that a committee consisting of Drs. Andrew McFarland, Green V. Black, Thomas J. Pitner and Thomas M. Cullimore be appointed to arrange and publish these resolutions and other appropriate matter in such manner as they may deem best for distribution among the profession and other friends of the late Dr. Prince as a more lasting memento of the regard and admiration we have had for his life and the sorrow we have at his death.

WILLIAM C. COLE, Chairman.

THOMAS M. CULLIMORE, Sec'y.

The following are the resolutions:

The medical profession of the city of Jacksonville, now in body assembled, being profoundly impressed with a sense of the great public loss sustained in the decease of Dr. David Prince, so long and intimately identified with all the interests of the city of his residence, do hereby unanimously

Resolve, That in the death of Dr. Prince the medical profession, not of

this city alone, but of the entire State and nation, has lost one of its most valuable and conspicuous members; one whose name had become an authority in all the medical circles of our continent; whose life-long habits of diligent study and painstaking research have led to a positive enrichment of the broad field of medical science, and whose untiring efforts to elevate the standard of medical education and place the ethics of the profession on a substantial foundation entitle his memory to the lasting gratitude of all who pursue our noble calling.

Resolved, That we, his professional associates, witnesses of the whole tenor of his long life among us, hereby put on record our estimate of his character. He was learned, but without show or ostentation. While he was clear and oftentimes positive in his opinions, he uttered them with no trace of dogmatism, and always with candid consideration for the opinion of others. While he could, in a rare degree, grasp all the possibilities of his art, no one was more ready to confess its limitations. It is not too much to say that he was the embodiment of professional rectitude. The principle was manifestly born with him, and upon it was built the whole superstructure of his life. He pandered to no prejudices, and shams and brazen pretensions fled ashamed from his presence. In all things, what was the right was his sole rule both of speech and action. Of professional jealousy he did not even know the meaning from any inner consciousness. All who have ever met him must have been struck by his habit of instantly going outside of self in all he said or did. Next to conceiving a valuable idea, or perfecting some device, his first pleasure was to impart it to others. There were no patents thought of in all his productions of brain or hand. To him was given the Psalmist's longed-for blessing—length of days. How nobly he turned the blessing over to his fellow-man we all know. Time brought no abatement of his youthful zeal, and age did not in the least dim the lustre of his intellect. The great secret of his eminence may be our lesson as well—to choose the highest ideal of the phy-

sician, and hold steadfastly to it to life's end.

Resolved, That in the career of Dr. Prince the young physician will find a fit model from which to build the structure of professional success in the best sense of that term. Without perhaps attaining the same high eminence, he will surely find that to imitate the professional probity, the fidelity to principle and the unswerving and undivided devotion to his art that distinguished his exemplar, will result in the same reward in the end—the spontaneous grief of a bereaved community.

Resolved, That in the death of Dr. Prince this municipality has lost a citizen whose broadmindedness ever extended beyond the confines of his profession, and was made to cover every worthy public interest. Whatever was of good report and promised well to advance the prosperity of this city found in him its first and most zealous advocate. Especially is this true of its educational interest. His best thought was given it for many of the later years of his life. His time, which to him more

than most men was truly money—was freely given, and his high aims steadily pursued, often in the face of obloquy and misrepresentation, till our excellent school system can point to him as the author of its best features.

Resolved, That the poor, above all others, have best reason to rise up and invoke blessings on the memory of our departed friend and brother. In the exercise of his calling he knew neither class, color or nationality. At the pallet of the lowly, the resources of his skill and watchfulness were as faithfully extended as at the silken couch of the affluent. Services that would have made others rich were poured out with no expectation of return, and he would have blushed to find fame coming from any of the countless charities that went side by side with these professional bestowments. Let us hope that he could say with the venerable Boerhaave, that "the poor were his best patrons, because God was their paymaster."

ANDREW MCFARLAND,

THOMAS J. PITNER,

GREEN V. BLACK.

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD will be sent to any physician, free of expense, upon application.

Doliber-Goodale Co., Boston, Mass.

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Whole Volume LXIII.

Original Articles.

COCAINE HABIT.

BY

PHILIP ZENNER, A.M., M.D.,

CINCINNATI,

Clinical Lecturer on Diseases of the Nervous
System in the Medical College
of Ohio.

It was not long after the marvellous power of cocaine to produce local anæsthesia, and, especially, its stimulating effects, taken internally or hypodermically, had been discovered, before it became known that the influence of this drug was not all for good, that it was capable of untold evil. This was, mainly, because those who took it for its stimulating effects were in danger of becoming the slaves of the fascinating and seductive drug, of contracting the cocaine habit. Already in 1886 Erlenneyer spoke of the cocaine habit being properly associated with the alcohol and opium habits as the third scourge of humanity, so rapid had been its growth, so fell its influence upon mind and body.

Since the publication of Erlenneyer's⁽¹⁾ paper, much has appeared in medical literature, on the baneful effects of cocaine. I will merely refer to articles of Schmidt,⁽²⁾ Heimann,⁽³⁾ and Obersteiner,⁽⁴⁾ wherein the deleterious influence on mental life is, especially, dwelt upon.

I will state briefly the ill effects observed from long-continued use of cocaine. They are, at the same time,

the effects of large quantities of the drug, for, as in opium habit, the dose is constantly increased as the system becomes accustomed to it. There is, usually, a rapid pulse, increased perspiration, sometimes disturbances of respiration, and, not infrequently, conditions of collapse. The effects on the general health are seen in the sallow skin, sunken eyes, and considerable emaciation. Sleeplessness is seldom absent.

The most important of the ill-effects of cocaine are the resultant mental disturbances. We may note impaired memory, confusion and mental weakness, hallucinations of vision and hearing, and the like. Very commonly there is observed a tendency to endless speech and voluminous writing. The patient is constantly doing, but accomplishing little. He seems, often, to be rambling aimlessly in all he undertakes. Most commonly the mental disorder assumes the form of delusional insanity, in which delusions of persecution are uppermost. Sometimes the ideas of persecution become so intense as to drive the patient to frenzy. He resorts to firearms, shoots at his imaginary pursuers, etc. Heimann states that such patients believe that they are pursued, not for the purpose of doing them harm, but rather for their own good—to compel them to abstain from cocaine, to appoint a guardian in order to prevent their squandering their property, or the like. Heimann, furthermore, states that the delusions of persecution are usually preceded by peculiar hallucinations. The patient believes there are small living organisms in the skin. He can see them come out of, or penetrate into, the integument. He may even see them under the microscope, when he has placed a supposed specimen on the slide to look for them. The

1 Deutsch. Medizinal Zeitung, 1886, p. 483.

2 Berlin. klin. Wochenschrift, 1886, p. 894.

3 Ibid., 1887, p. 278.

4 Wiener klin. Wochenschrift, 1889., p.

above writer further believes that these hallucinations arise from the peculiar effects of cocaine on the skin. There is increased secretion from the sebaceous and sweat glands, and maceration of the superficial epithelial layers of the skin. This can be seen in the state of the finger-nails, under which dirt accumulates, even though efforts are made to keep them clean. Then itching sensations follow, and the peculiar hallucinations mentioned seem to arise out of these conditions.

In addition to the symptoms caused by the long-continued use of cocaine, we must mention those caused by breaking off the use of the drug—abstinence symptoms. In some instances, when the drug is discontinued, all the symptoms disappear, either quickly or after a longer or shorter period, without further trouble to the patient. But in many instances abstinence symptoms are observed. The most common are tendencies to collapse. Sometimes new mental symptoms appear, especially conditions of great anxiety and fear. The demoralizing influence of cocaine becomes especially manifest after the drug is withdrawn. The patient seems entirely robbed of his will-power, has no self-control to withstand the powerful craving for the drug, and will lie, steal, or do anything of the kind in his efforts to obtain it. For this reason the danger of relapse is very great. Erlenmeyer says he has never seen such complaining, lamenting, and crying, such loss of energy and entire demoralization, or such seeking after stimulants in mere opium or morphine habit.

Most cases of this kind are not simple cocaine habit, but a mixed cocaine and morphia habit, in which the cocaine habit has been acquired in a fruitless effort to cure the opium habit by the use of cocaine. Cases of pure cocaine habit are rare.

There is a twofold reason that we, as physicians, should be specially interested in the cocaine habit: because it has been mostly acquired as a result of medical treatment, and because a large proportion of its victims are physicians.

I wish to add the report of two cases, which are of interest, not only

on account of the symptoms manifested, but also because of the long history in each case—a period of four years or more. The first is a case of mixed morphia and cocaine habit, in which death ensued from acute tetanus. The second is a case of pure cocaine habit, which, after many temporary cures, and as many relapses, seems to have finally recovered entirely. In both instances the patients were physicians.

CASE I.

J. U., fifty-two years of age at the time of his death, a cultured physician of high intelligence; had no hereditary predisposition to disease, and was the greater part of his life in robust health. While serving in the army during the civil war he contracted severe migraine, for the relief of which he took hypodermic injections of morphia. The morphia habit probably became established as early as 1880, or earlier. He was perhaps accustomed to take about sixteen grains hypodermically daily. On a number of occasions, by a great effort, he succeeded in breaking himself of the habit. On each of these occasions he attempted, by foreign travel, etc., to build up his general health and increase his powers of resistance, but after going back to his work would invariably slide into the old habit.

He began taking cocaine in the spring of 1885, doubtless for the purpose of breaking himself of the morphia habit, and continued taking it until the time of his death, January 28, 1889, a period of nearly four years. As he always gave himself the hypodermic injections; as he obtained the drug by means of his own—usually secret—and as, furthermore, his statements in regard to cocaine soon became very unreliable, it is impossible to determine the exact time or rapidity with which the habit grew upon him, or the quantity of cocaine taken. According to his own statement, he took for a while sixty grains daily, and usually more than half that quantity; but it is quite probable that the actual amount exceeded these figures. He took at the same time small quantities of morphia. He never discontinued the use of cocaine after the

habit was formed, though a number of attempts to break the habit was made. On one occasion, about a year after beginning the habit, his family attempted to forcibly break him of it by keeping two nurses in constant attendance; but he managed to elude their observation, fled from his home and secreted himself in the country for a number of weeks. On quite a number of other occasions he requested the assistance of his colleagues in breaking off the habit; but he would never go into a closed institution, and while the physicians in attendance were gradually reducing the quantity of cocaine allotted him, would surreptitiously obtain additional quantities, so that the efforts in this direction were altogether futile.

The first mental peculiarity observed by a colleague closely associated with him was his prescribing cocaine for almost every patient he saw. This was, perhaps, a few months after he began taking the drug. The first distinct hallucination or delusion was observed about the same time, or a little later. Just when his colleague and himself were about to start out to make an operation on a patient he said he could feel a needle just under the skin at the knee, which had once entered another part of the body, and spent an hour in severe lamentations and searching for the needle, without using the knife. As this scene was often repeated afterwards, it doubtless was based on an abnormal mental state.

He very early manifested the delusion of being watched, persecuted, etc. People were on the neighboring house-tops watching him through his office window; they were hiding in his closet with the same object. He would very frequently speak in a whispering voice, so that those watching him should not know what he was saying, etc.

Also, at an early period, though it is impossible now to state whether before or after other delusions appeared, he began to believe that there were living organisms under the epidermis, "jiggers," as he thought and termed them. On a number of occasions he sent scrapings of the epidermis containing, as he supposed, these organisms, to those

skilled in the use of the microscope, for the purpose of having a microscopical examination made. In his efforts to get the jiggers he would frequently pare off the epidermis of the skin, or fairly dig into the tongue with a scalpel, drawing blood and making a spectacle painful to behold. Sometimes he appeared to be successful in his search—he thought he had the jigger in his scalpel; at other times he thought it had eluded his grasp and escaped into the deeper tissues.

There was no considerable change in the patient's condition during the whole time of his cocaine addiction, though the symptoms fluctuated somewhat, probably according to the quantity of cocaine taken. The delusion of being watched and being followed was always present, and on several occasions it culminated in a state of frenzy, in which he fired pistols at imaginary persecutors and had to be taken in charge by the police.

His peculiarities and unpleasantness of disposition became such that it was impossible for his family to live with him, so that the greater part of the time he lived quite alone, or only with a nurse, whom he had from time to time. He did not attempt to practice medicine the last three and one-half years of his life, and remained mostly in-doors, though he went out nearly every day, especially at night, probably to get new supplies of cocaine. He spent much of his time writing, and though most of his writing was very verbose, much of it foolish, some of it was very creditable. He wrote both in prose and verse.

He called upon me about three years after the cocaine habit had been acquired, as he was feeling very badly at the time, and, therefore, wished my assistance to break off the habit, a wish always expressed when he felt very badly. He promised to make arrangements to enter into a closed institution, but as he felt better the following day his intention was of but a day's duration. He was taking at this time, according to his own statement, thirty-five grains of cocaine and three grains of morphia daily, giving himself a hypodermic injection about every half hour. He was

sallow in appearance, not particularly emaciated, had a very capricious appetite, and suffered greatly with insomnia. His pulse, at my first visit, was 110, but its frequency was probably due to his being slightly feverish at this time, for at a subsequent visit it was only 76. Some observations of other physicians lead me to believe that it varied somewhat according to the quantity of cocaine taken, though it did not attain the rapidity common to such cases. He spoke of feeling fairly well, though there were times when he would feel quite badly; said he was liable to conditions of collapse if, on account of sleep or the like, he allowed five or six hours to pass without taking cocaine, a statement which must be received with a degree of reserve; said also that he had fever occasionally, which he attributed to malaria contracted in the army.

As to his mental condition: He spoke clearly and intelligently of his ailments and history, though, as I subsequently learned, he made several statements about his relations with cocaine that were untrue. At first there was no manifestation of anything abnormal mentally, excepting that he would at times speak in such low tones, that I could scarcely hear him, giving as a reason that there were people in the hall listening. But, otherwise, there was for a long time no evidence of delusions; indeed, their expression was elicited with great difficulty. This was, probably, because he knew that his strange ideas were looked upon as delusions. He said to me, "I know you will think what I am saying is a mere delusion, but you will learn to know better some day." But after he had once given expression to his delusions he uttered them more freely.

The delusion of being watched was the prominent one. He was kept under constant surveillance. Everything he said or did was immediately heard or seen by those watching him, whatever effort he might make to prevent it. Some of his ideas were very bizarre. He was kept under observation by detectives hired for the purpose. The detective system was so improved that

they could see what was going on inside a house if but a pin-hole opening into it could be found. A person might close the blinds, lock the doors of his room and cover himself in his bed with a dozen covers, yet the detective could see what he was doing. Because of this improved system of espionage he could perform no act but that the detectives knew it immediately.

When questioned about some promiscuous shooting a few weeks ago, for which he had been arrested by the police, he at first acknowledged that he had delusions at that time, due, he said, to greatly reducing the quantity of cocaine (probably the opposite is true that he was taking larger quantities at the time). Then he corrected himself and said he did not have genuine delusions, but had been deceived by images. His persecutors had thrown images on the walls, with dark lanterns, and his fevered imagination had lent them flesh and blood. He fired at them, believing they were real beings. He is being constantly persecuted in this way; sometimes images of knives, pistols, etc., at other times images of human beings, are thrown on the wall. But he has learned to know what they mean, and they do not frighten him any more. He seems himself to be mystified as to the meaning of all these things, saying, "I am bound to find out some day"; "the world shall know what this means," etc. He only hints darkly about matters of this kind, but it is quite probable that he thinks his family is the cause of all this persecution, and, possibly, their object is in some way related to his use of cocaine.

There was no special change in the patient's condition afterwards until the time of his last illness. He died January 28, 1889, of acute tetanus. He injured himself by stepping on a fork January 21. On the 25th symptoms of tetanus were well marked, which soon lead to a fatal termination.

CASE II.

The history of the second case was obtained chiefly from the patient himself, at a time when he was again in a normal condition. During the time of

his cocaine addiction he was in many different places, and his recollection of much of this time is very indistinct, so that the history is not as complete as it might otherwise be.

J. H., æt. thirty, in the fall of 1885 passed through a severe epidemic of scarlatina. He was worn out and exhausted from overwork, and, as he read much of the tonic effects of the new drug, cocaine, determined to try it on himself. He found that after injecting hypodermically five to eight drops of a four per cent. solution he did not feel so fatigued, could work better, and, with the continuance of its use, his appetite improved, and he seemed to regain his lost tone. For two months he took one or two injections daily, and then tried to lay it aside, but found that he had a craving for the drug. On one occasion, when feeling very tired, he took an unusually large dose, and experienced a new sensation; he felt exhilarated intensely happy. He drove six miles to a neighboring city, giving himself another injection on the way, and then became very reckless. He seemed to seek only pleasure, drank excessively, which he had never done before, and had to be cared for by his friends.

He now took larger and more frequent doses, ten to twenty minims, two to six times daily, and was in a constant excitable state, seeing visions of pleasure, etc. After three months of this kind of life he lost his business entirely, squandered all his property, and was brought to the brink of ruin. He took sixty minims of a ten per cent. solution with suicidal intent, became quite sick, and subsequently went to a village where he could get no cocaine, and took none for one month. Shortly afterward began practicing again in another town, and, while using cocaine in a surgical case, happening to feel very depressed, gave himself a hypodermic injection. The cocaine habit grew upon him immediately. For two months he took ten drops of a ten per cent. solution every three hours. For a long time he experienced chiefly the enjoyable effects of cocaine. Ten minutes after he had taken it he would seem to be in an earthly paradise. The plain walls of

his office would appear to be covered with tapestried silks. Everything about him seemed of the finest materials. All the ambition of his life seemed gratified. He had carriages with magnificent outfits, etc. He would remain in his office all night, giving himself injection after injection. But a stage of depressed feelings and anxious forebodings, with the development of the delusions of observation and persecution, soon followed. He was afraid of everything; did not dare to go through the streets after dark; imagined he was to be arrested for some crime; believed it had been discovered that he had been active in obtaining some anatomical material while a student, and he was to be persecuted for it, etc. So strong became the delusion of persecution that he finally ran away. But the same delusions drove him from place to place, creating a state of frenzy. He had hallucinations at the same time. He saw ghosts, grinning devils all about him; heard millions of people talking around him, etc. He has no distinct recollection of the period, but he was finally found by his brother and taken home, where he was abed three weeks in active delirium.

Twice since, though he did not again practice medicine, he fell into the cocaine habit. Each attack culminated in very acute delirium, for which he was taken to an asylum for the insane. The first time he was in the asylum he was kept there but a short time, when he was quite well again. The second time, as he found that notwithstanding all efforts on his part he kept falling back into his old habits, he requested to be kept in the asylum a longer time. He was therefore retained there, and finally given a position as an attendant, and is still there at the present time. He entered the asylum the second time August, 1887, and has not taken cocaine since.

The whole period of his cocaine addiction was somewhat less than two years, during which time there were four interims of variable duration in which there was entire abstinence from the drug. In the beginning the quantity taken was comparatively small. It

was always largest at the time of very active mental disturbance. The last twenty-four or forty-eight hours that he ever took it he took twenty drops of a saturated solution every two or three hours. But during the time that he took this excessive quantity his general condition was very much affected by it; he had frequent fainting spells, and his pulse was 140 to 150 a minute and intermittent. His pulse was rapid during the whole time of his addiction to cocaine, and continued from 90 to 110 for three months afterwards. Also during the time of his cocaine addiction he suffered greatly with sleeplessness—toward the last would go a whole week without sleep. His appetite was poor, he often vomited, and became much emaciated. But always from two to four weeks after discontinuing the cocaine his appetite would return, and he would regain his normal condition, excepting that the pulse continued to be rapid. Like the former patient, he spent a large part of his time, while under the influence of cocaine, in reading and writing. His writing was very profuse. At first it was, in his judgment, better than his usual writing, but afterwards it became the veriest nonsense.

We see in these patients the usual manifestations of the cocaine habit: impaired general health, sallow skin, loss of appetite and flesh, sleeplessness, rapid pulse; only that in the first case there was by no means that considerable emaciation and rapidity of pulse found in the other patient, and so common in these cases. There was also the tendency to voluminous writing so commonly found, most of it nonsensical, though in the first patient, even after the habit had continued so many years, the literary productions were at times very creditable. The mental symptoms were also like those usual to these cases, the predominant ones being hallucinations of vision and hearing, and delusions of observation and persecution, the condition often culminating in a state of frenzy, especially in the second case, possibly because, in the latter,

there was a more rapid increase in the quantity of cocaine taken.

In the first case there were delusions of the presence of living organisms in the skin, like those described by Heilmann, though it is impossible to determine now whether these were the earliest mental symptoms. In the other case symptoms of this kind appear to have been absent.

The second case is instructive in teaching us the difficulties, and the only certain means, of effecting a cure. It seems that cocaine, even to a greater degree than alcohol or morphia, weakens the will-power and produces degeneration of character. In the first case all efforts to break off the habit, even though the patient seemed anxious to do so, were altogether futile, and during such periods of attempted abstraction of cocaine the man would resort to any measures to deceive his physician and obtain the precious drug. The second patient believed he was a man of strong will-power, which seems substantiated by the fact that he the first time succeeded by his unassisted efforts in breaking off the habit; but he finally became such a slave to it that he had no power to withstand the seductive power of the drug. As an illustration of the weakness of the will and the seductiveness of the drug we may mention how he happened to fall into the habit the third time. He was in a neighboring town on business and got very tired, and suddenly the thought occurred to him, too strong to be resisted, that he must have cocaine. He went to a drugstore, bought one drachm of a four per cent. solution and a cheap syringe, making a solemn vow to take but a single injection. Fifteen minutes later he went back to the drugstore, traded the syringe for a good one, and bought two ounces of the crystals. He further said, in illustration of this weakened will-power, that he would often make solemn promises to his friends to break off the habit, would give them his syringe and all the cocaine he had, and then within twenty-four hours would steal money from his wife and buy a new syringe and more cocaine. Erlenneyer said that it required four to

six months in an asylum to permanently cure the habit. This patient seems to illustrate the correctness of E.'s views. At least, three times a treatment of much shorter duration was on each occasion followed by a relapse, and it was only after the period of enforced abstinence was much longer than Erlennmeyer suggests that he appears to have been permanently cured. It is even yet questionable whether his renewing the practice of medicine and again handling cocaine might not subject him to the danger of a relapse.

It is questionable whether the fatal issue in the first case was in any way related to his long addiction to cocaine. Whether or not it predisposed to the development of tetanus, it is not improbable that it weakened his system and rendered it less able to withstand the shock of the disease.

PREVENTION OF ATTACKS OF MIGRAINE.

Dr. Hammerschlag, according to the *Allgemeine med. Central Zeitung*, No. 39, employs the following combination of remedies for the prevention of attacks of migraine, and states that hitherto it has not failed him:

Caffeinnæ citrat., . gr. xv;
Phenacetin, . gr. xxx;
Sacch. albi, . gr. xv.—M.

Fiat pulv. Dis. in capsulæ No. X.

Sig: One capsule to be taken, in the intervals of the attacks, every two or three hours.

Phenacetin, he says, does not act so promptly when given alone. This treatment may be kept up until a decided remission occurs, and this does not have to be waited for long.—*Med. Practitioner*.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, milk, etc., for the typhoid bacilli.

RECENT PROGRESS IN OPHTHALMOLOGY AND OTOTOLOGY.

An Address delivered before the Cincinnati Medical Medical Society, November 12, 1889,

BY

C. R. HOLMES, M.D.,
CINCINNATI,

Ophthalmic Surgeon to the Cincinnati Hospital and Clinical Lecturer on Diseases of the Eye and Ear, Miami Medical College.

PROGRESS OF OPHTHALMOLOGY.

The relation of chronic rhinitis and growths in the nasal cavities to affections of the eyes, principally failure of accommodation, but also of a more serious nature, such as inflammatory conditions of the conjunctiva and lids, even cyclitis and symptoms resembling those found in sympathetic ophthalmia and Basedow's disease have recently been much discussed, and reports of cases are rapidly accumulating.

The literature of sympathetic ophthalmia has been enriched by an extensive article by Deutschman. He regards it as a process of microphytic origin passing from one eye to the other through the optic nerve apparatus. In a few cases a chemical process may be transmitted from one eye to the other over the same path, and hence he argues that it would be more proper to designate the disease as "Ophthalmia Migratoria." He calls attention to the fact that this affection must be kept apart entirely from the affection dependent upon an irritation of the ciliary nerves that is transmitted by reflex, and which justly bears the name of reflex irritation.

The development, course, terminations, and therapeutics of these affections are dependent upon their causes. When once ophthalmia migratoria has set in we are almost powerless against it. Sympathetic irritation is cured by the removal of the primarily affected eye.

Panophthalmitis has been robbed of much of its concomitant horror: instead of weeks of suffering, confinement to bed, or at best to the house, deformity from the great swelling and offensive condition from free and prolonged

suppuration, we may now perform enucleation with prompt relief from pain and, in the majority of cases, speedy healing of the cavity. Rolland operated on eighty cases, performing enucleation, and without a single death, and reports from others are equally favorable, proving that the danger of meningitis resulting from the operation while the eye is inflamed was formerly much overestimated. But there is this to be remembered, that if phosphenes exist—an indication that the lymph-sheaths of the optic nerve have become affected—or if cerebral symptoms have manifested themselves, then enucleation should not be advised.

Creolin has been subjected to further tests as to its value in this department. A 1 per cent. solution in water is generally used, but results so far have been such as to demonstrate that in ophthalmology it is of little or no value.

If further investigation shall sustain the first report, we will have a new local anæsthetic which may rival cocaine, at least in ophthalmic surgery. It is obtained from the secretions of the glands of the toad. Staderini was led to its discovery by attending a patient into whose eye a toad had injected the secretion of its glands. There was moderate irritation of the globe, slight opacity of the corneal epithelium, and limitation of the power to raise the upper lid and to move the eyeball. These symptoms lasted four days. This led him to experiment on various animals, with the following result: A 1 per cent. solution of the dried toad-poison produces complete anæsthesia of the cornea and conjunctiva, lasting from four to five hours and producing no local irritation. The first secretion also produces anæsthesia, but is accompanied by irritation and injection of the globe. Its effects on the muscles of the eye have not yet been fully determined.

Brugnatelli and Taravelli have examined the lachrymal secretion of a large number of healthy and affected patients, and found it universally alkaline in a greater or less degree. Medicines taken internally did not seem to alter this property any.

In cases of squint which continue after a careful correction of any existing error of refraction, an early operation is desirable, especially where a squint is caused by weak muscles and not due to corneal opacities. If done early the enfeebled condition of the nerve apparatus resulting from non-use will often disappear entirely.

Ophthalmoplegia consists of a paralysis of the ocular muscles, with preservation of the power of the levator palpebrarum, sphincter irides, and ciliary muscles. Raumchewitsch considers it an independent clinical form of disease. These symptoms have been observed in cases of hysteria and Basedow's disease. As a rule no positive cause is discovered, although syphilis, diphtheria, brain tumor, tobacco, injuries, etc., have been ascribed as causative factors.

Experiments were made by Fortunati on rabbits' eyes as to the condition of corneal wounds when made with instruments infected by dipping them into cultures of *staphylococcus aureus* or *albus*. He always found that wounds made by an instrument infected with *staphylococcus aureus* produced suppuration of the cornea and panophthalmitis in forty-eight hours. The same injury produced with an instrument with *staphylococcus albus* either healed or led, when more extensive, to an ulcer, perforation of the cornea, and adherent leucoma. Similar injuries made on the eyes of the animal, when caused by clean instruments, healed in forty-eight hours. Paracentesis, when made with infected instruments, was *always* followed by panophthalmitis; in thirty hours when *staphylococcus aureus* was used, and in sixty to seventy-two hours when *staphylococcus albus* was used. The same operation made on the other eyes with aseptic instruments had no consequences. This is a point of great importance, for every physician is called upon to remove foreign bodies from the cornea at some time or other, and the necessity of aseptic instruments cannot be too strongly insisted upon.

Bougsch thinks, whereas among the Egyptians glaucoma equals 4 per cent.

of all eye diseases, and among the Europeans 1 per cent, that the large percentage of the former is due to their eyes being small. But when we consider that Monra finds among the negroes in Rio Janeiro glaucoma equals 10 per cent. of all eye diseases, and among the whites $2\frac{1}{4}$ per cent., it appears more rational to assume it due to race characteristics, climate, or manner of living.

Gifford found by experiment that neurotomy and neurectomy do not offer a bar to the transmission of bacteria from one eye to the other along the optic nerve sheaths and lymphatic spaces, but he did not find any current of bacteria from the vitreous to the anterior chamber, or out through Fontanas' spaces.

In the future cataract patients are likely to receive more liberty after the operation than they have in the past; that all surgeons will give them such liberties as is advocated by a few is not at all probable. Some advocate leaving the non-operated eye open, and to permit the patient to be up and to move about a well-lighted room at pleasure. One or two have even gone so far as to have their patients promenade in the open air. The question as to whether cataract extractions shall be made with or without iridectomy is at present dividing the ophthalmic world. Some of the highest authorities are in favor of operation without iridectomy, while others who have tried it are as firmly in favor of using the classical method of Von Graefe. There is no doubt that both forms have their favorable and less favorable points as compared one with the other; and it would seem that each operation has its range of usefulness. Conservative surgeons will use both methods, selecting according to the best interests of each case under consideration.

Knies found from observation on the eyes that an arterial cramp sets in during the epileptic seizure, followed soon after its termination by marked dilatation of the veins, and assumes the same for the blood-vessels of the cerebral cortex.

Choked disk is no longer regarded as due to an œdema from engorgement,

but to substances carried along in the current from the subdural space of the brain to the subdural space of the optic nerve, which, when deposited near the nerve entrance, give rise to the inflammation of these parts.

PROGRESS OF OTOLGY.

Bacteriology has thrown new light upon purulent inflammations of the ear, and recent investigations point to the fact that there are several forms of inflammation, depending upon as many varieties of infectious agents. Purulent otitis media may be caused by different organisms, and the severity, duration, and complications appear largely to depend upon the variety of bacteria present. The three following varieties mentioned by Netter, and up to date the only important ones in this connection, are:

- (a) *Streptococcus pyogenes*.
- (b) *Fraenkel's pneumococcus*.
- (c) *Staphylococcus pyogenes*.

*The streptococcus causes the most severe forms of purulent middle ear inflammation, and the one most frequently leading to inflammation of the mastoid cells and to purulent meningitis.

The second variety, *Fraenkel's pneumococcus*, has been found in purulent middle-ear inflammation, associated with typhoid fever and pneumonia. The inflammation is rapid; perforation of *membrana tympanum* early, and restoration, as a rule, equally so. Purulent meningitis may follow as a complication.

The oral cavity is the chief point of infection, from which the bacteria spread, principally through the Eustachian tube directly, and to a limited extent through the lymph channels and blood-vessels.

The altered condition of the pharynx elevated temperature and lowered vitality, associated with scarlet fever, measles, diphtheria, typhoid fever, etc., all contribute toward the rapid multiplication and spread of the microbes, and hence frequent and thorough cleansing of the upper air-passages and oral cavity in these affections as a prophylaxis against middle-ear infection, is of great importance.

Regarding the functions of the membrana tympanum, Richey concludes that the primary functions of the membrane is one of protection to prevent drying and stiffening of the membrana secundaris and the joints of the ossicles, etc. He regards the function of the membrana tympanum, as a transmitting mechanism, as secondary; also, that a permanent opening in the drum may temporarily improve hearing, but not permanently; and lastly, that the efforts of nature to heal perforations should be encouraged.

Zwaardemaker has invented an instrument for determining the intensity of smell. It is composed of two tubes, sliding into each other. The inner surface of the outer tube is coated with a smelling material. According as one tube is pushed more or less deeply into the other a smaller or larger surface of the smelling substance will be exposed to the air and give off a corresponding amount of odor. A scale is marked off upon the tube, indicating the intensity of the sense of smell.

Creoline is advocated by Lichwitz as a disinfectant and deodorizing remedy after all diseases in which offensive smells originate in the cavities of the nose, mouth, or ears. It is a powerful antiseptic, easily applied, and but slightly poisonous. In the nose he uses a dilute emulsion, 1:5,000 to 1:2,000, while for pharyngeal and oral use 1-100 solution is necessary. In the ears, 1:1,000.

Murrell and Burnett conclude from numerous observations that the negro as compared with the white race is largely exempt from aural affections, due to the fact that the naso-pharynx is built upon a more liberal scale than in the white race.

Aural furuncles are regarded as depending upon micrococci. Loewenberg found the staphylococcus albus and aureus in all but one case. His treatment consists in filling the external canal with a saturated solution of boric acid in absolute alcohol. While this does not cure all cases, it cuts them short and prevents their spreading.

Marian found the usual percentage of foreign bodies, 1.4 per cent. The

longest period during which a foreign body remained in the ear was thirty years. He warns against forcible crude attempts at their removal. Lepto-meningitis, brain abscesses and death having resulted in several cases, as recorded by various writers.

Ring relates four cases in which he attributes acute otitis media to the use of Roosa's pyriform bulb or Politzer's inflator, and regards the inflammation due to the injection of germs into the middle ear by the air current, probably from infected mucus which had been sucked into the bulb in treating patients with purulent discharge.

Mendoza reports a case where a patient had suffered for eleven years from otorrhœa, epilepsy for nine years, and an aural polypus was known to have existed for six years. He had three or four epileptical attacks each week, generally brought on by cleansing the ear or on changing his position during sleep. The attacks disappeared permanently after its removal.

Lactic acid has proven itself a very valuable agent in the treatment of chronic suppurative otitis. As the acid has a great tendency to macerate the epidermis, it is desirable to give the canal a coating of vaseline; then place the patient on the opposite side and fill the ear with a solution varying in strength from 10 to 40 per cent., according to the condition present.

In mastoid inflammation the majority of authors favor the early operation, and prefer chisels and mallet to trephines.

Tansley has in a valuable paper summed up the relation of nasal and post-nasal affections to aural diseases. He describes it under thirteen headings, to-wit:

1. Anything which wholly or partially occludes both nostrils.
2. Deviated septa.
3. Œdematous tissue.
4. Hypertrophied tissue.
5. Nasal polypi.
6. Hypertrophied tissue peculiarly placed, but not necessarily occluding the nose.
7. Hypertrophied tissue exciting as well as mechanically pressing upon the Eustachian tubes.

8. Bands of tissue, seemingly cicatricial, stretching from the posterior wall of the pharynx to the Eustachian tubes.

9. Atrophic or cicatricial rhinitis, with unusually patulous Eustachian tubes.

10. Simple secretive catarrh.

11. Muco-purulent or hyperplastic catarrh.

12. Fibrous catarrh.

13. Ozænic catarrh, or a catarrh with inspissated crusts.

Successful cases of removal of the membrana tympanum with malleus and incus for persistent tinnitus and dizziness have been reported. In the case reported by Burnett the patient was thirty-one years of age, and yet removal was not followed by any inflammatory reaction, and a new membrana tympanum was formed. The same operation is strongly advocated by Sexton for chronic purulent inflammation of the attic.

In ozæna there has been no specific infectious agent discovered up to date, although bacteria in abundance are present. But it is claimed that the micro-organism which causes the peculiar fetor has been determined to be a bacillus very fatal to mice and rabbits.

Croup of the nose has been observed in several cases, and reported by Bischofswerder, Hartmann, and Moldenhauer. Irritation of the gastro-intestinal tract and uterine diseases are cited by Burck as causative factors in naso-pharyngeal and aural diseases.

Abscesses of the nasal septum following injuries have been reported by various authors, but Moure is perhaps the first to report a case as a result of a cold. So severe was the case that the dorsum of the nose sank.

Of 198 case of middle ear diseases in children, Bronner found adenoid vegetations in 101. All authors agree that they should be removed; some advocate with, others without, anæsthesia.

It is the essence of quackery to deal in mysteries and nostrums; it is the glory of medicine that it owns no patents and conceals no discoveries.—*Pittsburgh Med. Review.*

Society Reports.

CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of November 12, 1889.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDWARD S. STEVENS, M.D., Secretary.

THE PRESIDENT, DR. HOLMES, delivered his inaugural address, entitled:

Recent Progress in Ophthalmology and Otology (see p. 41).

DISCUSSION.

DR. S. C. AYRES said that he could not agree as to all points put forward by the President in his address. In regard to the removal of the uninjured eye in sympathetic trouble there is at present a conservative spirit held for the most part. A boy after an injury had a prolapsed iris. He was sent home and the father wrote that he was doing well. After some time he wrote that the good eye was exhibiting symptoms of sympathetic trouble. He was ordered to come down at once. Under suitable treatment the eye recovered and the operation was not necessary. Some time ago a girl opened a window, breaking a pane of glass in such a way that one of her eyes was severely injured. After four months sympathetic trouble developed. She has improved under treatment, and last week could count fingers at ten feet distance. As to the question of enucleation: It was formerly the practice to enucleate every injured eye. In this case he will not enucleate because the eye is not tender. He used to perform iridectomy at once. He has treated a number by the continued application of poultices for weeks and weeks, and he had reported the results. He mentioned one case, the eye having been injured by broken glass, which he had poulticed for a hundred days. The patient recovered excellent vision and had it for a number of years. There is a tendency to conservatism as to preserving the eye, and

also as to the performance of iridectomy. As to operating in strabismus, the speaker took issue with the author. He does not operate except in very extreme cases. He lets the patient grow until he is old enough to wear glasses. He spoke of one boy whom he had watched for eight years. With glasses his eyes were parallel; as soon as they were removed there was convergence. After eight years glasses for distance were discontinued, and now he does not use glasses at all.

DR. EDWIN RICKETTS presented the following

SPECIMENS:

1. *Ovaries and Tubes, with Omentum Adherent to One of the Tubes.*—

In this case the patient was subject to epilepsy of a periodical character. The operation was done with the hope of preventing future attacks.

2. *Single Ovary and Tube.*—Removed for pyosalpinx.

3. *Umbilical Omental Hernia.*—The operation was for the radical cure. For a series of years the patient had suffered with pain and diarrhoea. Since the operation she has been free from both of these disagreeable symptoms.

4. *Extirpated Kidney with Two Calculi.*—The kidney was much enlarged and was removed as a last resort. The two calculi were found in the pelvis of the kidney.

DISCUSSION.

DR. ZENNER had seen the case of double pyosalpinx, and was highly gratified to see how certainly the diagnosis was made and how skilfully the operation was performed. Dr. Ricketts had called him to see the case. He was given a history of convulsions for a series of years. After five or six years there was a cessation of the paroxysms for a period of six or seven years. Then they came on again, occurring every two months at the menstrual periods. The fact of their having been quiescent for so long a period, and their recurrence after this interval at these special times, suggested that they might be of reflex origin. After a careful examination the condition present was discovered. Time will tell whether the

operation will result in a cure, but the speaker looked upon it with a good deal of hope, and he expected that the condition would disappear. It is impossible to determine in advance to what extent removal of the cause will operate in removal of the condition, but with proper care it was to be hoped that this case would terminate in a satisfactory recovery.

DR. R. B. HALL presented specimens to show the adherence that exists in these cases of pelvic inflammation, and a tube, the uterine end of which was entirely impervious.

The first case was a woman thirty-five years of age, mother of six children. At the last confinement delivery was effected by the use of instruments. It was after this that she knew there was something wrong. A lacerated cervix was relieved by operation, but in spite of this the woman grew rapidly worse. During her menstrual week she was confined to her bed. She had no peritonitis until last July and in August. Since July she was under the care of Dr. Van Meter. He discovered her true condition and urged an operation for pyosalpinx, but without success. At last another attack of peritonitis came on, and she submitted to the renewed request that an operation be performed. Her temperature never rose above 99.5°, nor her pulse above 80. Her temperature was then between 98° and 99°. The case illustrates the danger of renewed attacks of peritonitis from the adhesions and accumulations of pus.

The second specimen is from a patient who appeared at the speaker's clinic at the Miami College. She complained of pain in her left side, and had been treated for stone in the kidney. There was a lump in her side. She gave a history of having had gonorrhoea at the age of seventeen. There was more pain in the kidney than in the ovary. There had been no peritonitis. He felt that the old diagnosis might prove to be correct. He urged an operation, but was refused. After six months she had an attack of peritonitis. She was out of bed in three or four weeks, but never had her usual strength afterward, and was losing in weight.

After that she had a number of attacks of peritonitis, but they were not alarming until the last one. The speaker then demanded that an operation be done, and the demand was finally acceded to. She recovered rapidly, and is now doing her own work. She felt so certain that she had a stone in her kidney that the abdominal incision was made four inches in length and the kidney examined as the first step in the operation. No stone was found, and the pelvis was examined and the pus-tubes which were presented this evening were removed. The case illustrates in a forcible manner how we may be misled by relying upon symptoms only for diagnosis in serious diseases of many of the abdominal organs. She had many of the prominent symptoms of stone in the kidney, and few of the leading symptoms of pus in the tubes, and a positive diagnosis could only be made by making an exploratory incision of the abdomen.

Meeting of November 19, 1889.

The Vice-President, WM. L. MUSSEY, M.D., in the Chair.

EDW. S. STEVENS, M.D., Secretary.

DR. B. M. RICKETTS said that owing to a fortunate train of circumstances he was enabled to present three patients to the Society this evening, two of whom had been operated upon and were now waiting for final operations, and the third, which had passed from under his care.

I. Rhinoplasty for Syphilitic Destruction of the Nose.

This case was presented to the Society some time ago, at which time the case showed entire destruction of the nose. The bones within the nasal cavity had all been removed in the spring. The case came to the house for operation, which was done by making flaps from the cheeks. This has given the patient a very good nose. There are several points still showing granulations where the edges of the skin were united. The final operation will not be done until these points have healed. The case is syphilitic, and the prot-

iodide of mercury and the iodide of potassum have been freely given during the time of preliminary and operative treatment.

II. Epithelioma.

This case, of a man of fifty-eight years of age, was sent to the speaker by Dr. B. P. Goode. This was a case of epithelioma. The disease appeared upon the under surface of the right ear, and was very rapid in its progress. An incision was made on either side and the flaps were taken from the cheeks. Healing was by the first intention. He is working now, having been from under the care of the speaker for a considerable length of time.

III. Plastic Operation for Extrophy of the Bladder.

This boy, seven years of age, had complete extrophy of the bladder. He had epispadias. Both testicles are present. When the boy was five years of age he had strangulated hernia, which was successfully reduced by the attending physician. Under anæsthesia the blood was returned with comparative ease. By taking lateral flaps from the abdominal wall the bladder has been covered. There is an opening at the upper part of the bladder which was left unintentionally, but it has proved to be an advantage, for the salts of the urine accumulate and are a source of irritation, and by means of this upper communication the bladder may be washed out. The speaker hoped at a subsequent operation to still further close the opening. There is no sphincter and no urethra. As could be seen, the urine dribbled away; but the boy was much less a care to his mother and had much greater personal comfort since the operation than before.

Relation of Pain and Diarrhœa to Omental Hernia.

DR. LEONARD FREEMAN said that he had been asked to open the discussion of this question, brought out by the report of the case of omental hernia by Dr. Edwin Ricketts at the previous meeting. As he remembered the case, it was one of umbilical hernia consisting of omentum only. There was no

bowel in the ring, and there were no adhesions, and yet there was pain and diarrhœa. An operation was performed and the pain and diarrhœa both ceased. The history of this case as it was given tells us no reason for the existence of these symptoms, and if we do not know why they exist we can not tell why they cease. The literature of the subject did not shed much light upon the question. Teal says that in umbilical hernia pain and other symptoms are more apt to occur. Yet there are several ways of solving this problem by supposing certain conditions. For instance, the pain and diarrhœa might have been accidental. If there had been adhesions they might have pulled down the stomach, interfered with the peristaltic action of the bowels, and with the proper secretion of the intestinal glands. This might have accounted for both pain and diarrhœa. There was a case reported not long ago in one of the journals in which the stomach was adherent to the anterior abdominal wall. When the man ate the dragging upon the adhesions caused pain.

Or these symptoms might be reflex in their nature. It has been demonstrated that the center which controls the circulation of the abdominal viscera is in the medulla oblongata. If the sciatic nerve be stimulated it causes contraction of the blood-vessels. If the cord be cut below the medulla the contraction of the blood-vessels does not occur upon irritation of the sciatic. But, the cord being whole, if the irritation is much prolonged there occurs a dilatation of the vessels. In the case considered the condition was of so long duration as to lead us to suppose that this overstimulation here (of the omentum, however) was present and leading to dilatation of the blood-vessels would readily explain the diarrhœa. In these herniæ the bowel slips into the ring very readily and again is released. The bowel being pinched in the ring might give rise to the symptoms in question. When the operation was done it relieved all constriction. As to reflexes, it is known that the irritation of pediculi upon the back of the head and neck may cause vesicles upon the face, and

that in various hysterical conditions there are all sorts of dilatations.

DR. C. A. L. REED thought he could throw a little side-light upon the case. The interesting point was the relation of hernia to diarrhœa. Dr. Freeman had presented a plausible explanation of the case, but he thought it could be explained in another way. The case recalled one he had seen several years ago in consultation with two Hamilton physicians. The patient belonged to the *demi-monde*. She complained of pain, had a discharge of muco-pus from the uterus and vagina, and an uncontrollable diarrhœa, which was sometimes largely made up of a muco-purulent discharge. The cause of this could not be determined. She was a fleshy woman. Considering the kind of life she had been leading he came to the conclusion that the disease was pyosalpinx. He advised an operation, which was permitted. Upon opening the abdomen to his chagrin he found the tubes were perfectly clear. On the painful side there was a little thickening. One ovary was cystic and was removed. This was all that was found. The result, however, was quite satisfactory. After a good recovery from the operation she was never troubled with either pain or diarrhœa. With no direct connection between the ovary and uterus, or the ovary and bowel, how were the discharges to be explained? We have long known that the medulla was the seat of trophic centers, and there are vaso-motor centers there also. The phenomena can be explained more easily as a reflex condition if we remember the direct connection of all of these organs with the solar plexus.

DR. ZENNER remarked that it was often asked why an operation was successful. It would be interesting to know what would have been the result in the case under discussion if the abdomen had simply been opened. It occurred to the speaker that the rest enforced by the operation might be the important factor in giving rise to the cure.

The Surgical Kidney.

DR. OLIVER said that he had been

asked to discuss this question in relation to the case of extirpated kidney presented by Dr. Ricketts at the last meeting. The operation was done when the patient was moribund. Some months before the patient had been operated upon for stricture of the urethra. After the extirpation two stones were found in the pelvis of the kidney. What was the part played by these two conditions in the result of the case? Very trivial operations will sometimes end disastrously. In one case death resulted from simply leaving a bougie in the urethra over night, and at the post-mortem examination nothing was found to account for the death but the surgical kidney. There are three ways of removing the kidney: The first is by the lumbar incision, which has the advantage of being extra-peritoneal, of permitting a free incision, and of affording an excellent means of drainage. Second, as was employed in this case, the ordinary laparotomy incision. Third, the lateral incision, which is made at the outer border of the rectus abdominalis muscle. The great advantage of the median incision is that you may ascertain the existence of both kidneys. But is that of sufficient importance, as we may learn this in other ways, to justify us in subjecting the patient to so much risk. It is the recommendation of Barker that when the kidney is of large size either the median or lateral incisions should be made. When it is purulent the lumbar incision, for obvious reasons, should be employed. In this case the ureter ruptured, which is certainly a unique occurrence.

DR. B. M. RICKETTS, referring to the earlier history of the case, said that he saw the patient in consultation last spring. He gave an eventful history. At the age of nine he had had glandular enlargements; at twelve he had bloody urine. He became a street-car conductor, and at sixteen he had trouble in making his water. Of late he had had more trouble. While on the table he had had him examined for stone, but none was felt. The operation done was for stricture. The following Monday morning a stone [which he exhibited]

dropped into the vessel. When he left the house a No. 18 English sound was passed. He developed fever and had rigors. Pus was found in his urine. About once a month he had fever running up. The speaker told the attending physician that he was of the opinion that the man had a surgical kidney. The next week he was found to have peritonitis. The question arose as to an operation, and Dr. Edwin Ricketts was called in. The operation was done, with a fatal issue. He was inclined to believe that the stones existed prior to the performance of the external urethrotomy.

DR. O. P. HOLT, reporting upon the renal calculi found in Dr. Ricketts' case, described them as yellowish, smooth, inside chalky and friable. A chemical examination by Dr. Julius H. Eichberg showed them to consist mostly of calcium phosphate, urea being next in amount, with traces of calcium oxalate, mixed urates, and organic material. The microscopical examination showed hexagonal cystine plates without radiation. These had not impressed themselves upon the macroscopical character. There was no oxalate of lime, and the calcium phosphate was of stellate form.

DR. DANDRIDGE spoke of the stone as being the cause of the pyelitis. The stone is one that is found in acid urine. The symptoms are those of disease of the lower urinary organs. The fever subsequent is septic.

SACCHARIN AS AN ANTISEPTIC.

Saccharin is reported to be a valuable antiseptic. A strength of 1 to 500, as an addition to mucilaginous and other solutions, prevents the formation of low organisms. Thus a valuable, inexpensive dentifrice may be prepared by simply dissolving saccharin in water, to the proportion of 6 per cent. A teaspoonful of this in a half-pint of water forms an admirable antiseptic mouth-wash. In cases of malignant or other diseases of the stomach requiring the washing out of that organ, a solution of saccharin of the strength of 2 per cent. will be found very suitable.—*Boston Med. and Surg. Journal.*

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, December 20, 1889.

OFFICIAL REPORT.

The President, A. B. JUDSON, M.D.,
in the Chair.

DR. J. D. BRYANT read the paper of
the evening, entitled

The Functions of the Ligamentum Teres.

The paper was illustrated by a preparation including the femur, the os innominatum and one-half of the sacrum. The capsular ligament of the hip-joint was left entire, and the acetabulum was perforated by a trephine from the inner side of the os innominatum. A thread attached to the ligamentum teres and passing out of the opening was held in the hand of the observer, while the femur was made to describe the natural motions of the hip-joint. It was found that the ligament was relaxed in all positions excepting in outward rotation with flexion, and adduction with flexion. When these positions are taken the ligament tightens, and it is thus demonstrated that the round ligament has no mechanical function excepting when the femur is flexed, and its use when this position is assumed is to check adduction and outward rotation. It is most relaxed in abduction. But the ligament is so frail that it is almost of no use in the mechanism of the joint. While it is always ruptured in dislocation of the hip, its presence cannot be considered as a preventive of this accident, and it is so little liable to tension or injury, even from extreme violence to the limb, that it can hardly be considered in the question of the etiology of hip disease. That it is the initial seat of hip disease belongs to the long list of unproven theories, assumptions that can not be gainsaid. The principal function of the round ligament is to carry nutrient vessels to the femoral head; and yet when the epiphysis joins the diaphysis the vessels return before reaching the head, and later they disappear entirely from the ligament.

DISCUSSION.

DR. N. M. SHAFFER called attention to the fact that abduction, in which the ligament is most relaxed, is the position in which the limb is found in the very early stages of hip-joint disease, when the first sign of the disease is an instinctive protection of the joint. Although motion is limited in all directions, there is the greatest limitation where the strain on this ligament is the greatest. Later, when the functions of the ligament are practically abolished by the advance of the disease, the muscles assume control independently of the ligamentum teres. As this very vascular ligament nourishes the epiphysis, he believed it should be carefully studied in its relation to disease in early youth and in its early stages.

DR. V. P. GIBNEY suggested that abduction is seen in the very early stage because the patient, when standing, throws his weight on the sound limb, and instinctively puts the affected limb in the position of rest in which it is abducted and advanced. He thought Dr. Bryant's demonstration made it difficult to see how this ligament could play an important part in the history of hip disease.

DR. JUDSON agreed with the last speaker. He thought the profession had of late years turned away from the view that hip disease begins in the articular surfaces or the synovial membrane, and had pretty generally agreed that it begins in an osteitic focus deep in the cancellous tissue. It is therefore a backward step to turn again toward the ligamentum teres as a structure early involved.

DR. PUTNAM JACOBI said that it might be interesting to note that one view held is that with the termination of fetal life the ligamentum teres ceases to have any functions. There are many such structures in the body, about which learning and research may be vainly expended in the effort to discover their function, because it is really outgrown. It is highly probable that this ligament can have but little to do with the mechanics of the joint. Since the investigations of Volkmann, it has been pretty well agreed that in children dis-

ease begins in the cancellous tissue; but that in adult life it sometimes occurs as a primary disease of the synovial membrane, especially under the influence of rheumatism.

It is also worthy of note that in children it is often possible to mark out very distinctly the point in the clinical history where hip disease ceases to be limited to the bone, and invades the joint. She had had an excellent illustration of this in a child who came to the dispensary with the history of having limped for several months, but who, at that time, had no pain and no malposition of the limb. The child was seen several times during the next few weeks, but it was only after some time that the child returned complaining more of pain than of limp. Then the leg was found to be adducted and somewhat flexed, and passive abduction was excessively painful. From that time the case followed the usual course of hip disease.

DR. R. H. SAYRE had found in the early stages of most cases of hip disease that the first movement to be markedly limited was that of internal rotation. Yet internal rotation as shown by Dr. Bryant's preparation does not make traction on the ligamentum teres. Hip-joint disease may be either synovial or osteitic, although in the vast majority of cases it is primarily osteitic. In childhood cases are occasionally found, of disease of the knee and ankle particularly, which are apparently synovial from the outset, and the same occurs, though rarely, in the hip.

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday evening, January 13, Dr. J. M. French will read a paper on "The Dietetic Treatment of Typhoid Fever."

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, January 14, discussion of "La Grippe" continued.

NOTE BENA: Advance payment does not mean—in thirty days, or three months after the order begins.

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Cincinnati, January 11 1890.

The Week.

THE COMPLICATIONS OF "LA GRIPPE."

Many differences of opinion as to the nature of epidemic catarrh are apparent, if we are to believe the reports of medical societies throughout the country. The history of previous epidemics and the variations in the manifestations of the same disease cannot be without interest. We have therefore abstracted from that classical work, *Histoire Medecale des Maladies Epidemiques*, of Ozanam, a partial record of the most striking symptoms of epidemic catarrh as noted by old-time epidemiologists.

Says Valasco de Tarente: "I saw in 1387, the year I graduated from Montpellier, an outbreak of catarrh, which was so generally spread that not a tenth part of the population was exempt; almost all old persons attacked died. This epidemic was followed by general rheumatism. There was a cruel cough by night and day, and among men this cough was so violent as to produce frequent scrotal hernias, while women who

were pregnant miscarried often suddenly. Hemorrhages of the lung from coughing were very common. Six weeks was the usual period of convalescence."

Mezernay, in his *History of France*, describes the epidemic of 1403 in an almost similar manner; while Pasquier writes as follows: "About this time a foul air came, bringing a bad disease. It commenced with violent pains in the loins and shoulders, and these pains were as terrible as those experienced in passing gravel. This was followed by a hard chill, and for from eight to fifteen days the patient could not eat, drink nor sleep; there was continual cough and sneezing. The noses of the populace were all greased, and acquaintances meeting each other were wont to say: *as tu point eu la Dando?* And truly those lied who denied having the malady."

Sauvages records the history of the epidemic of 1810 in these words: "There was under the reign of Louis XII. an epidemic characterized by the following symptoms: continued fever, with anorexia, delirium, gastrodynia, nephralgia, cough, pains in all the limbs and violent headache. The delirium was often violent on the seventh and eleventh days; there was twitching of the tendons, while the teeth were covered with sordes, the tongue being coated black or brown."

The historians of the next epidemic, that of 1557, which prevailed over the entire Continent of Europe, were Riviere, Mercatus, Valleriola, and Schenck: "This outbreak occurred in July, following a season of long-continued rains, and was characterized by hard cough, sore throat and continuous fever. The headache was violent, preventing sleep, while there was aching pains over the kidneys and loins pre-

venting the patient from walking, while an ever-present coryza rendered respiration difficult; there was great debility following such an attack" (Riviere).

Says Mercatus: "All the population was attacked the same day and the same time of day. It was catarrh, accompanied by fever of the double tertian type, marked by such pernicious symptoms that many died."

According to Valleriola: "It was characterized by the following symptoms: pain in the head, difficult breathing, hoarse voice, chills, fever, and a cough that menaced life by suffocation. The first days the cough was dry, without expectoration; but from the seventh to the fourteenth days there was a thick, viscid mucus, difficult to spit up. The patients complained of lassitude, loss of strength and appetite."

The epidemic of 1574 is thus described by Baillou: "The summer and autumn were very rainy, and the wind was from the south. Neuralgia of the teeth was very common; there were chilly sensations, with a discharge of serous and viscid humor from the nose; cough and oppression of the chest; apoplexy was not uncommon. All patients had pains in the shoulders and chest; these aches were similar to those of pleurisy. The most useful remedies were those that facilitated coction."

The great and fatal epidemic of 1580, that filled Europe with mourners, is thus noted by Forestus: "At the end of June and in the month of July," says Forestus, "a catarrhal fever prevailed, with sore throat and violent cough." During this epidemic many patients had violent cephalagias, with grinding pains in all the bones and articulations.

Says Bakelius: "There was rain and fog; at the commencement there was lassitude and languor, violent pain in the head, with swelling of the paro-

tids; irregular fever, with recurrent chills and heated spells; continual and fatiguing cough; coryza, with ulceration of the nares; pain in the neck and shoulders, with loss of appetite; while nasal hemorrhage was common.

Henisch describes this epidemic as follows: "In Saxony there prevailed in 1580 an epidemic of catarrh. This epidemic attacked four-fifths of the population; it had the following characteristics: a general feeling of weakness, heaviness in the pericardial region, palpitation of the heart, weak pulse, difficult respiration, acute headache, general nervous prostration, so that the patient trembled. There was an acrid discharge from the nose into the throat that created a cough, while vague pains were felt all over the body. There was fever, but not intense; the eyes were congested; nasal hemorrhage was common," etc.

The celebrated Sennert has left a full account of this epidemic, and remarks: "At the rising of Sirius, towards the new moon of the autumnal equinox, a catarrhal epidemic appeared, not only in Europe, but all known parts of the globe. It was called by different names, such as febrile catarrh, contagious cephalagia, while the Germans termed it *den Ziep, den Schaffshusten, der kühnen Wenn*, because this cough was common to sheep and likewise imitated the clucking of a hen. The disease commenced by a pain in the head, and febrile heat; this was followed by a dry cough, pain in the diaphragmatic region, sore throat, cardialgia, difficulty in respiration, with cough."

Salus Diversus has left the following observation on this same epidemic: "It was ushered in by fever, with pain in the head; then came a violent coryza, which soon culminated in bronchitis, with violent cough. There was general

lassitude, with weakness in all the limbs."

Diomedes Cornario, of Venice, says: "It was a fluxonary fever, with catarrh and a dry tongue, headache, cough, oppression in the chest, nausea, general lassitude and vertigo."

Zocutus Lusitanus has left the following description of the disease as it appeared in Portugal: "There were chilly sensations along the spine, and headache, weakness in the limbs, and embarrassed respiration."

Remarks Cesare Campanos, of Spain: "The disease announced itself by acute pains all over the body, high fever, cough, running from the nose, redness of the eyes, and continual vertigo."

In the epidemic of 1658 Willis has left a full history of the disease as he noted it in London: "The heavens were cloudy, and fine weather not common. The disease announced itself by a fatiguing cough, with copious expectoration and a sore throat, followed by fever and lassitude, with aching in the limbs and back. Many old and debilitated persons."

The epidemic of 1676 may be found fully described in the works of Sydenham, of England, and Etmüller, of Germany; a third distinguished epidemiologist, Thomas Willis, died of the malady. Says Etmüller: "A catarrhal epidemic appeared towards the end of 1675. There had been heavy rains all the year, with thick fogs in the morning; the sun was hidden and rayless. The affection commenced with a coryza, accompanied by a mucous secretion from the nose. There was cough, and pain in the head. Some patients had pains in the bones and chest."

Sydenham, who observed this epidemic in London, says: "The autumn was beautiful and mild, one would not

have believed it winter; but the weather suddenly changed, it grew cold and damp, an epidemic and violent cough was developed, so that almost no one was exempt. Entire families were attacked at the same time, and this was not without danger, as the cough had added to it a fever, with the symptoms of pleurisy. There were, in many persons, pains in the back and limbs, also in the side, which rendered respiration difficult and stopped the cough, but increased the fever."

A review of numerous histories of epidemics quoted by Ozanam and others reveals the fact that the symptoms in all past epidemics of influenza, or "grippe," offer numerous variations in type; but several symptoms are constant, *i.e.*, "*cough, fever, pains in the joints.*"

Many persons in this city are now suffering from these complications.

In one case coming under our observation there was persistent epistaxis, lasting for over three days. In three cases the parties suddenly had vertigo and became partially unconscious, falling to the floor; in three cases there was chilliness, followed by high fever and intercostal pains, as well as headache and aching in all the joints; but in none of them was there sore throat, cough, or any symptom of coryza. In eleven cases coming under observation in the last week, there was a slight chill, followed by fever and mild sore throat, with rheumatic pains of a sub-acute character, most pronounced in the lumbar region and lower limbs, followed by cough, but no coryza. In four cases there were coryza, sore throat, and light bronchial symptoms, accompanied by headache and fever. All these cases speedily yielded to treatment, which consisted of a purgative dose of calomel, antipyrin until the

temperature was reduced, followed up by full doses of salicylate of soda, to which codeine was added where bronchial symptoms were marked. Where salicylate of soda is given in full doses delirium is occasionally produced; this is due, not to the fever, but to the medicine, as some patients cannot tolerate the drug. In such instances salicin may easily be substituted for the preparation of oil of wintergreen, as the willow does not seem to possess the same toxic properties. If the disease as at present manifest is true "La Grippe," the coryza, so marked a feature of the disease at present noted in Europe, is absent in the majority of cases, while the most serious symptom is the "break-bone" or rheumatic pains in the joints so commonly observed in all cases up to the present time. Perhaps the type of disease may presently change.

T. C. M.

AN EXODUS.

A WATER-WORKS AND A SEWER.

During the past three years there has been an exodus of the people from the central and western parts of Cincinnati, the like of which has seldom if ever been witnessed in the history of any city. Environed with hills, the steep ascent of which had hitherto been a barrier—the introduction of modern rapid transit over cable and electric lines, at a very low passenger rate, did the business. The people were determined to live in a purer atmosphere. Farming land became suburban lots, with buildings and homes innumerable. To still further encourage the movement, the first of this new year one of the principal steam railway lines running north from the city increased its former excellent train service and reduced the rate of fare to an apparently

minimum price. This action will be followed by other lines.

We are without language to express our great gratification at the movement that takes thousands and thousands of people from a smoke-laden atmosphere to homes of purity that are bright and clean from sunrise to sunset. Especially to the children is this exodus a Godsend. Never before could they step outside a close compartment onto the bare ground. Never before could they at their own sweet will fill their lungs for whoop-and-yell practice with no one to fear or make afraid. In this inhalation of a pure and clean atmosphere, with its life-giving properties, are inhaled the gospels of a purer religion and morality. For dirt defiles, and destroys alike both health and morals. During the past thirty years hundreds and thousands of children have been reared in this city with only a rare opportunity—picnic occasions—for a run and play in the country; and to this fact alone may be attributed much of the lawlessness and immorality that have abounded in the perils of the city. Men, women, and children that breathe dirt, eat dirt, sleep in the dirt, and work in the dirt will have dirty morals and dirty characters. Mobs, riots, and anarchy were never bred in the purity of a country atmosphere, but have always been hatched in a dark and dirty city.

The exodus from this city has fortunately been of families from all the social walks of life—the poor, the middle-class, and the well-to-do, all have and are taking advantage of rapid transit with cheap fares to country homes. The effect of which is very far-reaching and concerns the entire life of the city. It makes the entire county a city of large population, that must at once be provided with city facilities

and privileges. A dense suburban population requires water advantages; the people cannot safely use spring- and well-water, nor is it safe to allow the cows and other domestic animals to use surface water or that drawn from wells. Provision must be made that will give this great mass of people a pure and potable water, and plenty of it, at a low rate. It is evident that the capacity of the city water-works must be more than doubled within the next two or three years. To provide for this must be an immediate consideration; for the gospel of cleanliness can never be accepted, adopted, or enforced without an abundance of pure water, and in this city the source of supply must come from the Ohio River. On this side of the river the water is and always will be more or less contaminated, while the geographical formation of the banks is very unfavorable. The recent erection of a large and improved railway bridge directs our attention to the south side, where just above the eastern portion of Cincinnati the cities of Covington and Newport have constructed reservoirs and water-works. A survey of the most casual character convinces us that here is the place for a Cincinnati reservoir and pumping station. The site is advantageous, the place is accessible, while the lines of mains would be comparatively short. It is feasible to build a viaduct of iron similar to the new C. & O. railroad bridge that would carry several of the largest-sized pipes. The strength could be made sufficient to carry the entire water-supply for a good number of years; and then, if necessary, a second viaduct bridge could be built.

After an abundant water-supply the very first need of this new county city is a provision of sewer facilities. A score of towns and villages within this

district have been going through the motions of constructing sewers through which to get rid of their own filth and dirt, usually beginning in the residences and terminating in a field or ravine that ultimately wasted into Mill Creek, making of this a poisonous open sewer, that in dry seasons menaces the health and lives of one-tenth of the entire population of the great State of Ohio. As if this were not bad enough, the Miami and Erie Canal has been allowed to go into more or less innocuous desuetude and also become an open sewer, that breaks through its banks at uncertain intervals, to the utter disgust of thousands of people. The city has grown to such dimensions that this can no longer be endured. The canal is the property of the State. Wisely built to aid in developing a new land, its purpose has been largely served, but it may still be made of the greatest utility to the people. At the north end of Lockland a new canal-bed should be located in the channel of Mill Creek and follow the straightened bed of the creek to the river.

This new canal should receive all the water from all the tributaries of Mill Creek and sewers as far south as North Cumminsville, as well as all the water from the canal at Lockland and all the sewage of the entire Mill Creek water shed. The canal, creek, and sewer should be made to form a sort of slack-water navigation purpose from Lockland to the river, with a large capacity, and kept constantly filled with water drawn from the State dam above Middletown. This canal could be made of the greatest commercial use by the construction of large locks at the exit to the river, sufficient to receive the largest-sized coal barges, while the sides of the canal should be walled to a height corresponding with sixty to

sixty-five feet of water at the present city water-works. No sewers being tapped into this canal south of North Cumminsville, these side-walls would be a complete barrier to all ordinary overflow and back-water from the Ohio, and would add many fold to the value of the entire Mill Creek bottom. The enlarged canal would allow shipments of coal in original barges to all points on its banks as far north as Lockland. Piers could be built at intervals that would still further enhance the commercial utility of the line. However, the greatest and most valuable of all purposes would be its practical solution of the extensive sewerage system of a large and populous area, and which vitally concerns the health and welfare of half a million of people.

The entire abandonment of the canal along its present course from Lockland to Broadway in the city accomplished, its site could very properly be given over to the city for a terminal-traffic railway, which in and of itself would be a hundred fold more useful for commercial purposes than the present malodorous waterway.

The measures indicated are of the greatest importance, and are of immense magnitude; but our city is in the throes of an evolution. Its breeches belt, or corporation line, is full to the bursting point. Already the crease hangs away over, and for an unbuckling and lengthening of band, so as to enable the city to take a good full breath of pure air and a sufficient supply of wholesome water; we utter our wail and appeal to the legislature.

THE Ohio Board of Pharmacy will hold meetings for the examination of persons desiring to register during 1890, as follows: Cincinnati, Jan. 13; Columbus, March 25 and May 12; Toledo, July 22; and Cleveland, Oct. 13.

TRAINING SCHOOL FOR NURSES.

The right of woman to earn her livelihood in any field of labor gleaned by man cannot be gainsaid. To-day women may be found engaged at every avocation formerly monopolized by the sterner sex, at the bar, in the pulpit, by the bedside of the sick. As a physician she has become prominent, for medicine and womankind have a natural affinity. We ever find her practicing surgery, and healing by the laying on of hands, the old-time massage trick of the Apostles; while in the mind and faith-cure acts she has no superior. Within a decade a new fad has been sprung on American hospitals—*i. e.*, the institution of training schools for nurses; and we see the gentler sex assuming full charge of not only the female but the male departments of our public charitable institutions. The prophecy of Isaiah has been fulfilled, for it has been written, "In that day seven women shall take hold of one man." The strong, rugged, and yet tender attendants of the masculine persuasion, who were wont to lift men like children in their great brawny arms, those who rendered services that no woman, no matter how gentle, could without manifest impropriety and indelicacy, have been dismissed the public service, while female nurses of intelligence and rare refinement now ply the rectal syringe and curiously elevate the scrotum in cases of perineal section. There are many male patients who fully appreciate such delicate feminine attentions; but there are others, modest men, who object to strange women, filled with the same instinct that any well-bred lady would have, should a stranger and male nurse be forced upon her. For "modest men are dumb," and hospital disci-

pline will ever prevent outspoken complaint. Women are naturally good nurses. It is a part of every woman's life to succor the sick and afflicted; but when they act in a paid capacity, in competition with male labor, they should be held no freer from criticism. Out of 8,000 births annually reported in Cincinnati, over 6,000 are attended by midwives; and that these poorly-paid women do their work well, is evidenced by the fact that the mortality in childbed in this city is lower in proportion to population than almost any other metropolis in the Union. We say woman's obstetrical work is well done, for the reason that there is little meddlesome midwifery; and, as childbirth is a wholly natural process, nature in Cincinnati is the real accoucheur, and the death rate in childbed almost *nil*. We trust this remark will not offend any of the old-granny professors of the art of speedy delivery by forceps. We believe in rendering tribute to Cæsar where tribute is due, and the work of so-called ignorant Cincinnati midwives stands unequaled in any city in the Union; let those who deny prove the contrary by facts and statistics.

We object to the invasion of the venereal wards by trained female nurses, a charitable movement now, we understand, contemplated by those who know little of medicine and less of humanity. The skilful insertion of the metallic sound through the meshes of a complicated stricture manipulated by long, tapering fingers, would surely cause a yielding of tissues at some remote point of the organism, while the applications of warm poultices by jeweled female hands to a testicle tortured by orchitis, would yield those strange sensations so graphically described by Uncle Toby in Tristram Shandy; but why indulge in Pantagruelisms? The wealthy ladies

of our noble city, with that rare philanthropy that has so often distinguished them, have succeeded through social influence in securing what they deem a great reform in the matter of hospital nursing. The old and experienced attendants who have served for many years, persons who have families to support, are told that their services are no longer required, while fair and delicate girls of refinement and education, with germ biceps but full of nervous energy, are called to fill important positions.

But who would strive to stop the wheels of progress? That a training-school nurse is fascinating goes without saying; the staff extols her and the *interne* is her ever-fond admirer. She will some day do missionary work for the members of the hospital staff and undermine the practice of those unsophisticated members of the profession who are so foolish as to advocate her services among their clients. This has been one of the strongest objections to the system in Great Britain, where only hospital men are supposed to enjoy a reputation. Ah! she is a charmer in her white cap, tight stays, snowy apron and short skirts; her

"Feet beneath her petticoats
Like little mice steal in and out,
As if they feared the light;
But O! she dances such a way,
No sun upon an Easter day
Is half as fine a sight."

It is claimed by the staffs of hospitals that since the introduction of the training school the bed linen is cleaner and the towels are whiter; this is certainly no compliment to those who manage the institution, as the nurses do neither the washing nor menial services. We have had the fortune, or misfortune, to have secured the services of so-called trained female nurses on

several occasions, and must say in all candor that they needed more waiting on by the house servants in private families than the patients themselves. As a rule, they assume to direct matters over which they should have no control, are fond of gossip, extol the virtues of other practitioners, and make themselves such a nuisance that a universal sigh of relief goes up on their departure. The experience of other practitioners may have been different, but we have never met a trained nurse yet who did not profess to have a full and complete knowledge of the healing art. We have in our mind's eye other nurses, usually large, big-bosomed, stout-armed women, with rounded rosy cheeks and motherly smiles full of the blessings of a benediction—women who have been through the mill; women who have raised families; women in whom the maternal instinct is strongly developed; women who can stand hard work day after day without flinching and groaning; women who do not seek to establish a social equality with those they serve—in other words, women who know their places. There is nothing very refined about a sick-room; one cannot make a violet out of a *pot de chambre*. A good nurse is always a first-class servant, and until this fact is realized training schools for female nurses will be a failure. We grant there may be exceptions to this rule, and hope that our doubts as to the utility of female nurses for male wards may be dissipated; but, take it all in all, we prefer a man to nurse a man and a good healthy serving-woman to nurse a woman—that is, in cases where one's family cannot be relied on to render proper medical service.

T. C. M.

SUBSCRIPTIONS for 1890 are now due.

ADULTERATED LIQUORS FOR MEDICINAL PURPOSES.

A few days since the seizure of an establishment in Cincinnati wherein imitation brandies and liquors were manufactured created a ripple of excitement in certain circles. The counterfeiting of famous brands of genuine brandies and cordials has become an established business in America; the unscrupulous use of foreign trade-marks and the dispensation of poisonous liquids, prepared by skilful chemical compounding, has flooded the market with a quantity of goods that should be promptly destroyed by the sanitary authorities of the State. Stern justice should be meted out to the scoundrels who, for the sake of enriching themselves, destroy the health of their fellow-citizens by manufacturing and placing on sale wines, cordials and brandies prepared from proof spirits sweetened by glucose and flavored by toxic ethers derived from deleterious sources. A natural product like grape juice cannot be imitated without serious injury to the public health. Nine-tenths of the evil arising from liquor must be attributed to its adulteration, and this remark applies equally to malt extracts containing *coccus indicus*, strychnia and glucose in their preparation. It is next to impossible to obtain in the United States foreign brandies, wines and cordials of real purity, if we except the champagnes derived from France, whose agents in this country jealously watch any attempts at base imitation, and promptly run all counterfeiters of their brands out of the market by prosecution. Take, for instance, such brands as Heidsieck & Co., Moët & Chandon, S. H. Mumm, Piper H. & Co., Pommery & Greno, Roederer, and Binet Fils & Co., of Epernay and Rheims;

as a rule, they will be found straight goods, amply protected from adulteration by the precautions thrown around their trade-marks. Other popular brands of champagnes are widely imitated and fraudulent. Take the Sherry and Port wines used by the American medical practitioner for medicinal purposes—ninety per cent. of these wines are adulterated goods. The custom-house in New York will show that the importation of true Manzanilla wines is less in proportion to our population than it was twenty-five years since; and pure Amontillados and Olorosos are out of the reach of those who have not the wealth of the Vanderbilts. Yet these wines are made in quantities by the dealers in adulterated goods of New York, Philadelphia, Cincinnati, St. Louis and Chicago. It is safe to say that not one bottle in ten of the Sherry sold in this country ever saw Spain. Even the famous Gordon's potent brown Sherry has been imitated, so that the sale of the genuine article is now limited to members of the English nobility. These remarks applied to Sherry are equally applicable to Port and Madeira wines, and the genuine article of Alto Douro and Old Tawny can only be found in the wine-cellars of the wealthy. It was Lord Lytton who boldly stated that "all Port wine intended for the English was composed almost as much of elderberries as grapes." The scoundrels who make port wine in this country are not content to use elderberries, but rather prefer logwood and glucose, with poisonous ethers as flavors. Hennessy brandy, the reputation of which, in its genuine condition, is world wide, has also been the subject of adulteration at the hands of these murderous rascals; in fact, the average brandy from our corner drug-stores never saw the grape, if we except California brandies,

which, owing to their taste, are not popular with many of the profession and are not often prescribed. The truth is that the American physician, in order to obtain pure wines and brandies, must advise only American goods, or his patient's health is undermined instead of being benefited. To use so-called French brandy is to drink potato alcohol, while all wines bearing the name of Sherry, Port or Madeira should be abjured as fraudulent imitations, which, for the most part, they undoubtedly are. North of Ohio, in beautiful Lake Erie, are islands where under sunny skies the vine flourishes in all its beauty and where pure wine may be had for a song,—fragrant Catawba, fruity Ives' Seedling, and Delaware with its rare bouquet; yet even there may be found several huge establishments—registered distilleries—that flood the South and Southwest with imitation wines and brandies by the thousands of gallons, compelling the real grape raiser and pure wine maker to live on small profits in the unequal competition between American honesty and foreign rascality. It is high time the Ohio Legislature should pass a stringent law for the protection of honest vineculturists and wine makers. Catawba brandy manufactured from proof spirits in Cleveland and Cincinnati should be thrown out of market; it is bad enough to imitate foreign brands of liquors, without being counterfeiters of the pure and cheap domestic brands of native wines. California and Ohio wine products must be protected from adulteration, or several of our most efficient medicinal remedial agents will be rendered valueless. The man who would adulterate wine and brandy, knowing that such articles are largely for the use of the sick and suffering of humanity, deserves to be scourged and driven out of a civilized

community. The counterfeiting of liquors and their adulteration has made a host of foreigners rich in America. Let the American physician only prescribe his own native brandies and wines, and he will find that his patients will not die so frequently. All goods marked "French Brandy," "Port," "Sherry," and "Madeira" should likewise be labelled "*Poison*." T. C. M.

CLINICAL TEACHING IN ASYLUMS.

Asylums for the insane, located within easily accessible distances of medical schools, can and ought to be made of great use in clinical teaching. The great majority of graduates of English, American and Canadian medical schools have only a very superficial knowledge of insanity. This is a great misfortune, as they are not infrequently called upon to attend such cases in general practice, and not uncommonly the unfortunate patients have to suffer as the result of this ignorance. Clinical instruction in asylums would not only benefit the afflicted and the students, but also the physicians in charge of the asylum.

It is a well-recognized fact that an hospital in which clinical instruction is carried on is greatly superior to an hospital in which no teaching is done. The clinical hospital confers its benefits on its patients, on its students, and on its physicians and surgeons. Such an hospital always attracts the best men, and, in consequence, in it the best temporary and permanent work is done. It is in clinical hospitals that, with very few exceptions, the great advances in modern medicine and surgery have been worked out.

What is true of general hospitals is also true of hospitals for the insane.

All the leading German universities have clinics for mental diseases connected with them, and under the direction of men whose names are household words in the scientific world. In Vienna the clinic for mental diseases is under the direction of Meynert, who, mainly through taking advantage of his

unrivalled opportunities for the study and teaching of insanity, is now recognized as one of the leading authorities in the world in this department.

The paucity of scientific work emanating from asylum physicians on this side of the Atlantic is, in part, attributable to the want of that stimulating influence which the presence of students infuses, and in part also to the fact that they are burdened with the multifarious duties pertaining to the necessary ways and means of their establishments.

Not until the time arrives when we will only require asylum physicians to attend the scientific part of their work, will we have attained that high level long ago reached by Germany.

As things are at present, let the asylum physician's scientific capacity and enthusiasm be of the highest order he will be a non-producer, because he is required to attend to duties which are antagonistic to the highest mental work.
—*Montreal Med. Journal.*

POWER OF ABSORPTION OF THE ORGANS.

This process has been investigated by Pisente (*Cent. f. d. Med. Wissenschaft.*), who arrives at the conclusion that the classical theory of the causation of ascites, that the obstruction to the portal circulation, which produces stasis of and transudation through the vessels, is the chief factor, is erroneous. By his experiments it is demonstrated that an additional factor is furnished by the diminution or the total loss of power of absorption of the liver, spleen, and gastro-intestinal canal. As this is actually proven, we may conclude that the disappearance of a fluid from the abdominal cavity is determined by two factors:

(a) By the cessation or diminution of the process of transudation; and

(b) By the restoration of the absorbing powers of the other organs (intestinal canal) entrusted with this function.

Professor Pisente thinks that this second factor, first discovered by him, must receive deserved consideration.—*Times and Register.*

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending January 4, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	1		1				1				
2.....	2						2	1			
3.....											
4.....	2		1		1		1				
5.....	1				2						
6.....							1				
7.....			1				1				
8.....			1				1				
9.....							1				
10.....	1						4				
11.....							2				
12.....	2				8						
13.....							1	1		1	1
14.....											
15.....								1			
16.....											
17.....					4						
18.....	5				5						
19.....					10	1					
20.....							1				
21.....							1				
22.....										1	
23.....							1				1
24.....											
25.....							2				
26.....											
27.....							2			1	
28.....	5						3				
29.....								3			
30.....							3	1			
in. Hosp.								1			
Totals....	19		4		30	1	26	9		4	1
Last week.	12		3		15	1	41	5		1	

The following is the mortality report for the week ending January 4, 1890.

Croup.....	1
Diarrhea.....	1
Diphtheria.....	9
Enterocolitis.....	1
Typhoid Fever.....	4
Whooping Cough.....	1
Other Zymotic Diseases.....	3—20
Cancer.....	2
Phthisis Pulmonalis.....	16
Other Constitutional Diseases.....	5
Apoplexy.....	2

Bright's Disease.....	2
Bronchitis.....	7
Convulsions.....	3
Heart Disease.....	3
Peritonitis.....	2
Pneumonia.....	16
Other Local Diseases.....	26—61
Premature Birth.....	4
Puerperal Convulsions.....	1
Other Developmental Diseases.....	3—8
Accidental.....	4
Deaths from all Causes.....	116
Annual Death-rate per 1,000.....	18.56
Deaths for corresponding week in 1888....	124
Deaths for corresponding week in 1887....	156

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Reports to the Ohio State Board of Health from observers for the week ending January 3, 1890.

Form of Disease. In the order of prevalence.	No. who reported.	No. of cases reported.	REMARKS.
			Infectious Diseases as reported to health officers in 88 cities and villages during the week ending January 3, 1890:
Bronchitis, acute...	12	59	Diphtheria: Toledo, 10 cases, 5 deaths; Cleveland, 22 cases, 4 deaths; Dayton, 5 cases; Springfield, 5 cases; Alliance 5 cases, 1 death; Tiffin, 1 case; Zanesville, 5 cases, 11 deaths; Lancaster, 5 cases; Xenia, 2 cases, 2 deaths; New Straitsville, 2 cases; Bucyrus, 1 case; Wooster, 1 case; New Vienna, 1 case, West Liberty, 1 case; Washington C. H., 1 case, 1 death; Bloomville, 1 death.
Tonsillitis.....	9	16	
Rheumatism, acute.	7	20	
Diarrhoea.....	7	8	
Pneumonia.....	6	8	
Intermittent Fever..	5	14	
Cholera Morbus....	4	7	
Pleurisy.....	4	5	
Remittent Fever..	3	6	
Measles.....	2	6	
Diphtheria.....	2	6	
Erysipelas.....	2	2	
Dysentery.....	1	2	
Typho-Mal. Fever..	1	2	
Typhoid Fever....	1	1	
Scarlet Fever.....	1	1	
Consumption, pul..	1	1	
Whooping-Cough...	0	0	
Puerperal Fever....	0	0	
Cerebro-Spin. Men.	0	0	
Croup, membranous.	0	0	
Cholera Infantum...	0	0	

Scarlet Fever: Cleveland, 22 cases, 2 deaths; Dayton, 3 cases; Toledo, 1 case; Zansville, 1 case; Canton, 5 cases; Lancaster, 2 cases; West Liberty, 2 cases; Lima, 1 case; Shawnee, 2 cases; Lorain, 1 case, 1 death; Warren, "several cases"; Mt. Vernon, 3 cases; Findlay, 2 cases; Hamilton, 1 case; Bucyrus, 2 cases; Bellaire, 2 cases; Youngstown, 1 case; Cambridge, 1 case; Tiffin, 2 cases; Portsmouth, 1 case; McConnellsville, 1 case; Norwalk, 1 case; Wabash Township, 3 cases.

Typhoid Fever: Cleveland, 7 cases, 3 deaths; Portsmouth, 4 cases; Mansfield, 1 case; Youngstown, 1 case, 1 death; Fostoria, 1 case; Lorain, 1

case, 1 death; Crestline, 1 case; Felicity, 1 case; Carthage, 1 case; Ironton, 1 case; Piqua, 1 case.

No infectious diseases reported to the health officers in the following places: Middletown, Upper Sandusky, St. Paris, Woodsfield, Ashley, Columbiana, Savannah, New Bremen, Minster, Versailles, Norwalk, New London, Mechanicsburg, Pomeroy, Wadsworth, Garrettsville, Delphos, South Charleston, Millersburg, East Palestine, Kent, Salem, Logan, Xenia, Linwood, Gallipolis, Bainbridge, Wellston, West Cleveland, Montville, Belle Centre, Mt. Vernon, Dalton, Glendale, West Unity, Ravenna, New Richmond, Miamisburg, Conneaut, Sprinboro, Jackson, and Miami Township.

INFLUENZA IN OHIO.

Health officers in reporting to the State Board of Health estimate that the following number of cases have occurred in their respective towns up to January 3, 1890:

Massillon, 150 to 200; Portsmouth, 100 to 125; Painesville, 100; Salem, 100; Defiance, 300; Mansfield, 50 to 75; Fostoria, 65; Kent, 59; Logan, 50; Hamilton, 50; Piqua, 50 to 100; Crestline, 50; Millersburg, 33; Xenia, 39; East Palestine, 30; Gallipolis, 31; Linwood 25; Wooster, 23; Washington C.H., 20; Carthage, 20; Zanesville, 15 to 20; Findlay, 15; Bedford, 30; Garrettsville, 10; Felicity, 9; South Charleston, 9; Bucyrus, 8; Bloomingburg 8; Mechanicsburg, 7; Norwalk, 7; Wadsworth, 5; near Versailles, 6; Delphos, 4; Pomeroy, 2; New London, 1.

Cleveland, 12,000.

Dayton reports: "Probably 2000 cases."

Cincinnati reports: "Have seen nothing I could call epidemic influenza. Our best physicians express doubts about the disease being in our midst."

Toledo reports: "Several hundred."

Canton: "Some cases. Every sick person thinks he has it."

Crestline: "A great many cases."

Conneaut: "Mildly epidemic."

New Richmond: "A few cases."

New Vienna: "A good many cases resembling influenza."

Ravenna: "A number of cases."

Warren: "Some cases."

Steubenville: "It is here in force."

Clyde: "Nine-tenths of the population" (which is 3000).

Influenza is reported by observers at Waverly, Oberlin, Conneaut, Middleport, Farmersville, Shanesville, and Carrollton.

Health officers report no cases in the following places: Cambridge, Youngstown, Jackson, Leesburg, Miamisburg, Upper Sandusky, Springboro, St. Paris, Matamoras, Woodsfield, Bellaire, Ashley, Shawnee, Plymouth, Columbiana, Belleville, New Bremen, Savannah, Minster, Forest, Nelsonville, Aberdeen, West Liberty, Forest, Antwerp, and Bainbridge.

C. O. PROBST, M.D., Secretary.

SEE Reduced Rates to subscribers who pay in advance on advg. p. xiv.

Selected.

CALOMEL IN NASAL DIPHTHERIA.

By J. J. GREEN, M.D., Pittsburg, Pa.

Some weeks ago was called to see a case of nasal diphtheria; membranes had grown down so as to be distinctly perceptible. Small membranes on both tonsils. I gave large doses of calomel frequently administered, and made a tampon of absorbent cotton wet with a solution of mercury bichloride, one to one thousand, and plugged the nose as completely as I could. I allowed it to remain twenty minutes. Before doing this I syringed the nose thoroughly with a solution of borax. I left some of the mercury solution, and told the mother to place the cotton every two hours until my return. The same evening I applied iodoform, reduced with calcined magnesia. On my visit the next day at ten o'clock the membranes had entirely disappeared from the nose and throat. Hemorrhages occurred frequently, but there was no reappearance of the membranes.

About one week from that time I saw a similar case in a little girl about five and a half years of age. I subjected the patient to the same treatment, and the case rapidly recovered.

I used mild mercury chloride in large doses frequently administered. I administered to the first patient I think about 120 grains in the first twenty-four hours. The throat membranes disappeared, but not as rapidly as the nose membranes.

In the discussion, Dr. Lange said he thought Dr. Green's treatment very judicious, especially the ten grains of calomel per hour. He gives infants five grains of calomel every hour for three or four hours without salivation, without purgation. It has been so universally his experience that calomel does not purge in diphtheria, that he sometimes takes this as a criterion as to whether the case be one of diphtheria or an aggravated case of follicular tonsillitis. In such cases where the calomel has purged the patient he has concluded that he has not to do with diph-

theria, because of his experience that in diphtheria calomel in ten grain doses does not salivate or purge, as a rule. One boy who had nasal diphtheria received one ounce and a scruple of calomel during ten days, and was neither purged nor pyralized, and recovered.

Dr. Thomas stated that his experience of the calomel treatment of diphtheria had been that every case that was malignant and at all aggravated died.

Dr. Koenig said that calomel was beneficial because of its antiseptic properties: No doubt when large doses of calomel were administered, more or less of it was entangled in the meshes of the membrane.

Dr. McCann had used calomel in diphtheria for twenty-five years. He had administered five grains per hour to a child eight months old; and he had done this not once, but repeatedly, and he had certainly seen some marvelous results follow this treatment. He had not seen bad results follow the use of calomel. The treatment which he found successful was the calomel treatment. What is the plan of treatment to-day outside of the mercurial treatment? The treatment which was advocated thirty years ago—tr. iron and chlorate potash. This is the remedy which the profession has to offer against the mercurial treatment.—*Medical Standard.*

MAGNESIUM SULPHATE AS AN ENEMA.

Dr. J. T. Watkins in his inaugural thesis presented to the Gynecological Society of Chicago, stated (*Medical News*) that, after reviewing the literature, and reporting a number of cases in which the concentrated solution of magnesium sulphate as an enemata had been used, he summed up its advantages as follows: (1) Its action is local. (2) It seldom fails, and produces copious stools. (3) The time of action is short. (4) The bulk is small, causing but very little, if any, discomfort to the patient. (5) It is unirritating as a simple enema. Its certainty of action has become so well recognized in the New York Women's Hospital that it has been used

in nearly all the operative cases, as the cathartic preparatory to operation, for the last six months. It is best administered with the patient in Sim's position, the hips being elevated by a pillow; and when much tenderness exists, it should be given through a large rubber catheter passed well up into the bowel. The patient is to be instructed to allow the abdominal muscles to remain lax, and, if necessary, the nurse is to keep up pressure over the anus, to cause it to be retained for at least fifteen or twenty minutes. If the bowel should fail to expel the exuded liquid, a rectal tube should be inserted to allow its escape. Two ounces have been retained, without bad results; but Christison reports a case of death in a boy ten years old, where two ounces were taken by the mouth without being followed by purging. Where it is retained, the sphincter ani is likely to be strongly contracted, and great relief will follow forcible dilatation under an anæsthetic, which will also have a good effect upon the chronic constipation usually present.

The following is the formula he uses:

R Magnesii sulph. . . . 3ii.
Glycerine 3i.
Aquæ, q. s. ad. . . . 3ii. M.

The solution is made more readily, and its power of diffusion increased, by the addition of glycerine. He has used three and four ounces of the salt, but does not see that it has any advantages over the smaller amount.—*St. Louis Med. and Surg. Journal.*

CHLORAL FOR DANDRUFF.

A solution of chloral hydrate, five grains to the ounce of water, will clear the hair of dandruff and prevent its falling out from that cause. In many instances where the patient is nearly bald the application of the above-mentioned solution will restore the hair. Arnica oil is also an admirable remedy to promote the growth of hair. A small quantity well rubbed into the scalp three or four times a week can be tried with expectations of benefit.—*Clinical Reporter.*

Obituary.

SAMUEL M. LINTON, M.D.

Dr. Samuel M. Linton was born on the 3d day of January, 1809, at Waynesville, O., and died December 28, 1889, only lacking six days of completing his eighty-first year.

Dr. Linton studied medicine with Drs. Isaac and Elias Fisher, and completed his studies at the Cincinnati College in 1839. In May, 1839, he came to Indiana and located at Azalia, where he began the practice of medicine and soon had quite a large circuit to ride over. In 1842 he moved to Columbus, where he continued to reside until his death.

In 1878 Dr. Linton was warned by evidence of general paralysis to give up his practice and seek a more retired life, but such was his love for his profession that he still continued his practice until 1882, when increasing paralysis compelled him to relinquish it entirely. He was confined to his room for about one year.

Dr. Linton's professional life is closely associated with the history of the county and State in which he lived. When he began practice here the only mode of travel was on horse-back. There were no bridges over our deep and treacherous streams. No roads. What is now the garden of Indiana was then a miry black swamp. Nearly all the important events connected with the history of the State and county have occurred during his active professional life. Dr. Linton was known all over Southern Indiana, and was esteemed by all with whom he came in contact. He *enjoyed* a very large and laborious practice, but, like the Great Physician, he gave to the poor, and as a necessary result he died poor.

Dr. Linton was a member of the Presbyterian Church, and was always found in his seat unless detained by professional duties. He was ever prompt to respond to calls for his professional services or to the calls of charity. When Death called for him there were no excuses; he was ready, and willingly followed the messenger Home.

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SOME PECULIAR RESULTS
FOLLOWING THE USE OF
ACETANILIDE IN TYPHOID
FEVER.

REPORT OF THREE CASES.

BY

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I submit a report of three cases of typhoid fever, in each of which the administration of antifebrin was followed by symptoms and conditions of a somewhat peculiar nature; and while it is the experience of all physicians who use the remedy, that it is occasionally followed by a depression of the vital forces, evidenced by sub-normal temperature, weakened circulation, etc., I have as yet had no history from any source of its producing results in any way similar to those encountered in the following cases:

CASE I.

Ray H—, between three and four years of age, was taken sick the last week in November, 1889. I made a diagnosis of typhoid fever and the treatment was principally dietetic, with the addition of a ferruginous preparation and an antiseptic emulsion of carbolic acid. His temperature gradually increased on each succeeding evening until on the eighth day it showed an evening exacerbation of 104° F. I commenced the administration of antifebrin early in the disease in three-grain doses each six hours. This, however, was not followed by satisfactory results, and the dose was increased without any apparent change in the effect until six

grains were given, which would make an aggregate of twenty-four grains in twenty-four hours. At this time the patient perspired freely, and a considerable reduction of temperature followed.

This dose was kept up for nearly a week, giving, however, but three doses in twenty-four hours.

During the second week of the disease the child began having "cold spells," as the mother called them, which would come on at about 9 o'clock in the evening of each day. This caused me very little uneasiness at first, from the fact that the boy had been subject to chills, and this being a malarial district. However the "cold spells" continued to increase in severity very rapidly, and soon they came twice in twenty-four hours, and on one occasion three times. I had, during all this time, given a thorough anti-malarial treatment, which had no effect whatever on the supposed chills. Fortunately I happened to be present during one of the attacks, and was soon convinced of its non-malarial character. The boy would first complain of a cold spot in the spinal column, directly over the region of the kidneys; from this it would rapidly spread over the body, and the entire surface would assume a blueish color as in ordinary chills. The skin was warm to the touch, but the patient complained of freezing, his teeth chattered, his extremities cramped until he would cry out with pain, and no effort could bring about a reaction. These would last from thirty minutes to an hour and a half, and would then entirely disappear for the time being; but the strange fact was that during these rigors his temperature ranged from 102° to 104° F. invariably, and a full bounding pulse, making from 120 to 140 beats

per minute. I suspected the antipyretic as being the cause of the trouble, and ordered it withdrawn. The day following its withdrawal the boy had but one rigor, and that very light. Second day none, but temperature still high in afternoon. Third day I gave three-grain doses of antifebrin at 9 a.m. and repeated it at 6 p.m., in order to test the matter. At 9 p.m. of the same day boy had another rigor; withdrew the medicine entirely and used no antipyretic whatever during remainder of illness. Boy made a good recovery, and had no more symptoms of the rigors afterward.

CASE II.

A. D. S—, telegraph operator; age twenty-four years. Case of uncomplicated typhoid fever, with evening temperature of 104° F. at end of first week. Ordered six-grain doses of antifebrin every six hours as an antipyretic. Fever reduced to 102° on the evening of the first day of its administration. Continued same size dose next twenty-four hours and patient had severe rigor at 9 p.m., during which he sweat profusely and complained of being very cold, but thermometer showed a temperature of 103° at this time and pulse 120, full and strong. Discontinued the antifebrin one day and there was no rigor. Put patient on it again succeeding day and was followed by another rigor exactly like the first. I now discontinued it entirely and had no more difficulty of that nature. Patient was soon convalescent and is now well.

CASE III.

Dr. T—, of this place, has kindly communicated the following case, which came under his observation previous to the time I encountered the cases already reported:

J. W—, aged eighteen years, was taken with typhoid fever last fall and confined to his bed for about two months. Temperature after first week ranged from 102° to 104° F. The antipyretic treatment consisted in the daily administration of from eighteen to twenty-four grains of antifebrin. This reduced the fever considerably in its early administration, but along about

the third week the patient began having rigors daily. This the doctor undertook to combat by the use of quinine, but all to no avail. They continued to increase until by the close of the third week the patient had as high as four and five in twenty-four hours. Fever was always present, and in no instance was there a subnormal temperature during the whole course of the disease, and the temperature was invariably above 102° F. during the rigors. Nothing had any effect on these rigors until the antifebrin was withdrawn, when they almost instantly ceased and did not reappear, the boy making a good recovery.

CONCLUSIONS.

It is possible that the size of the dose had something to do with the rigors in case No. 1, but this certainly could not have been true in the second and third cases. But from the history of the cases it would appear that an idiosyncrasy existed in each. I would say in conclusion that I have used antifebrin as an antipyretic almost exclusively since its introduction, and in no case previous to those related did I even discover the first symptom that contraindicated its use, and I have given it continuously in larger doses than in any of the cases referred to.

FAITH-HEALERS HEAVILY FINED.

The "new evangelists," as the Scandinavian sect of the faith-healing believers is called, have been heavily fined, in Brooklyn, for disobedience of the laws and ordinances governing the treatment of minors sick with contagious disease. Three persons, on four charges, were called upon for \$450 in fines, or to go to jail. Some have accepted the latter alternative, and others say that they will follow rather than give their children medicine or observe the isolation orders of the Board of Health. In regard to contagious diseases, these people act on the principle that if "the Lord" causes a disease to be of a communicable nature, it is right that it should spread, and that if children die from such diseases, "the Lord is simply taking home his own."

—*Med. News.*

Selected.

INCOMPATIBILITY IN PRESCRIPTIONS.

By JOSEPH W. ENGLAND, Ph.G.
Philadelphia.

Incompatibility in a prescription has been defined as that condition in which there exists either "a chemical decomposition, a pharmaceutical dissociation, or a therapeutical opposition" of its constituents. The term is thus susceptible of three meanings. A prescription is chemically incompatible, where chemical change results. It is pharmaceutically incompatible where there is violation of correct pharmaceutical procedure, and there is therapeutical incompatibility where there is antagonism in physiological action. Now, accepting these definitions, a prescription may be chemically incompatible and yet be just what the physician wants. It may be pharmaceutically incompatible and yet be desirable for the same reason. But it is never compatible where there is a change of chemical composition and pharmaceutical character resulting in the formation of new products having totally different therapeutical effects than those obviously intended. And this view—the intended therapeutical action of the prescription—is the "keystone of the arch" and the best rule for the pharmacist to follow.

Every new prescription is largely a law unto itself until tried. Expertness in pharmaceutical manipulation, of which prescription work is the highest type, is a matter of individual ability which can be acquired, only in the largest and best measure, by personal experience. The subject of incompatibles is not a formidable one, if there primarily exists a clear knowledge of the chemical or pharmaceutical properties of the substances used, so that any deviation from the right standard may be detected, but here is the puzzling question: How are we to know but that, in the event of some chemical or pharmaceutical change, the physician does not mean just such a change, and nothing else?

At first glance it seems strange, but there are some successful physicians who, every now and then, write, pharmaceutically and chemically, the most incompatible prescriptions. Yet they have success. And their happy results can only be due to the formation of certain new products or an alteration in pharmaceutical character of old ones. It does not follow that all prescriptions thus written are of the highest therapeutical value. Far from it. The tendency of the times is steadily in the direction of greater simplicity in prescription writing.

It is to be regretted that the physician seems to depend in large measure upon the pharmacist for detecting any chemical or pharmaceutical incompatibility, and that the pharmacist depends, solely and alone, upon the physician for recognizing any therapeutical incompatibility. A physician with his many duties cannot be expected to have at his command the vast detail of pharmaceutical facts, nor can the pharmacist be considered negligent in not possessing an extended acquaintance with the application of drugs in medicine: but it is clear that some elementary knowledge as to how drugs act and for what purposes they may be employed would be of great practical value to the pharmacist in affording him a clear idea of the therapeutical intent of the prescriber, and the ability to detect any deviation through a chemical or pharmaceutical error. An argument for therapeutical knowledge is not a step in the direction of counter-prescribing. It is only a plea for broader education—for elementary therapeutics on distinctly pharmaceutical lines. With therapeutics, pure and simple, the pharmacist has nothing whatever to do. That is solely the province of the physician. Medicine and pharmacy are making rapid scientific progress, not in the same way, though co-laborers in the same cause, but upon certain definite lines of work and study, yearly becoming more distinct and widely separated, rendering each the more dependent on the other.

Concerning special instances of incompatibility, the writer, some time ago, devised a set of "notes," and they

have been found of such good service, though doubtless much of the subject matter has been duplicated in your own personal experiences, that he feels impelled to present them in their entirety.

An important feature about which there seems to be some difficulty in remembering is the solubilities and insolubilities of inorganic compounds. To make such knowledge readily accessible, a modified table was framed, based almost wholly upon Professor Attfield's "Statement of the Solubilities and Insolubilities of Salts," which expresses, directly or by inference, nearly 500 soluble and insoluble compounds of the following inorganic basylous radicals: Aluminium, ammonium, antimony, barium, bismuth, cadmium, calcium, chromium, cobalt, copper, ferric, ferrous, gold, lead, lithium, magnesium, manganese, mercuric, mercurous, nickel, potassium, silver, sodium, stannic, stannous, strontium and zinc.

In using this table, it is only needful to remember the well-known chemical law: that when a solution of a compound is brought in contact with a solution of another compound, and, by an interchange of radicals, an insoluble compound is rendered possible, that compound will be precipitated.

Acetates are soluble.

Arseniates are insoluble, except those of the alkali metals.

Arsenites are insoluble, except those of the alkali metals.

Bromides are soluble, except mercurous and silver; those of antimony and bismuth are decomposed by water to form oxy salts.

Carbonates are insoluble, except those of the alkali metals.

Chlorides are soluble, except those of lead (*s*), mercurous and silver.

Citrates are soluble, except those of manganese, mercurous, silver and strontium, aluminum (*s*), barium (*s*), bismuth (*s*), cadmium (*s*), calcium (*s*), lead (*s*), zinc (*s*).

Cyanides are insoluble, except the mercuric and those of the alkaline metals and earths.

Hydrates are insoluble, except those

of barium, strontium, calcium (*s*) and lead (*s*) and the alkali metals.

Iodides are soluble, except those of antimony, bismuth, gold, lead (*s*), mercuric, mercurous, platinum (*s*) and silver.

Nitrates are soluble.

Oxalates are insoluble, except those of antimony (*s*), chromium, ferric (*s*), ferrous (*s*), stannic, and the alkali metals.

Oxides are insoluble, except those of barium, strontium, calcium (*s*), and the alkaline metals.

Phosphates (ortho) are insoluble, except those of the alkali metals.

Sulphates are soluble, except those of barium, strontium, calcium (*s*), antimony, lead, mercurous (*s*) and silver (*s*).

Sulphides are insoluble, except those of barium, calcium (*s*), strontium, and the alkali metals.

Sulphites are soluble, except those of aluminum, antimony, barium, bismuth, calcium (*s*), cobalt (*s*), copper, ferrous (*s*), lead, manganese (*s*), nickel (*s*), silver, stannous, strontium and zinc (*s*).

Tartrates are soluble, except those of antimony, barium, bismuth, cadmium (*s*), calcium (*s*), copper, ferrous (*s*), lead, manganese (*s*), mercuric, mercurous, nickel (*s*), silver, strontium (*s*) and zinc (*s*).

Acids decompose hydrates, carbonates and acid carbonates to form salts; the stronger acids, which are largely inorganic, set free the weaker acids, which are largely organic, or, brought in contact with alcohol or alcoholic solutions, form ethers; alkaline hydrates, carbonates and acid carbonates neutralize free acids, decompose some glucosides and precipitate all alkaloids, some of which precipitates are soluble in excess of the precipitant, or in alcohol, if that liquid be present in sufficient amount to dissolve them.

Oxidizing agents, such as nitric, hydrochloric, nitro-hydrochloric, picric and chromic acids, and potassium bichromate and permanganate, with readily oxidizable substances, such as carbohydrates, alcohols, ethers, sulphur, phosphorus, sulphides, and organic mat-

(*s*) means sparingly soluble.

ter in general, form explosive compounds. Potassium permanganate, if ordered in pill form, can best be made with cacao butter, and cosmoline in very small quantity, and enclosed in gelatin capsule. Silver nitrate is reduced by organic matter to oxide, with the exception, it is said, of opium and extract of hyoscyamus. A very good way of making pills of it is with cacao butter and cosmoline, etc., as mentioned above, under potassium permanganate; syrup of ferrous iodide and potassium chlorate form a poisonous compound, and potassium iodide and potassium chlorate form a mixture which yields the poisonous iodate on being taken internally.

Iodine and the iodides yield precipitates with the alkaloids; bromides precipitate morphine and strychnine salts on standing, but a few drops of dilute hydrochloric acid added, after the addition of the alkaloid, prevents the change. Sodium bichlorate precipitates morphine and cocaine salts, but on the addition of a small quantity of boric acid, or with boric acid alone, precipitation does not take place. Mercuric chloride, with acidulated solutions of the alkaloids, forms crystalline double salts; potassium-mercuric iodide precipitates alkaloidal solutions. Solutions of quinine salts, with those of the alkaline acetates, or with Basham's mixture, precipitate the sparingly soluble quinine acetate. Morphine solutions give the phenol reaction, if mixed with tincture of ferric chloride.

Glucosides are decomposed by free acids and precipitated by tannin; tannic and gallic acids precipitate alkaloids, albumen, gelatin and the majority of metallic salts, and yield inks with iron solutions.

Resinous tinctures and fluid extracts, prescribed with aqueous solutions, should always be emulsified with acacia: tinctures and fluid extracts made of stronger alcohol, mixed with those made of diluted alcohol, become turbid and precipitate, since the special solvent power of alcohol, or of water, for a substance diminishes in proportion to the quantity of the other liquid present. A "shake" label should always be used.

When for internal use, fixed and volatile oils and oleo-resins, and aqueous solutions, should always be emulsified, whether ordered or not, and, to better emulsify the volatile oils, they should have mixed with them, prior to emulsification, an equal volume of olive, almond or cottonseed oil.

Tincture of ferric chloride gelatinizes mucilage of acacia; free acids separate insoluble carminic acids from compound tincture of cardamom: free acids precipitate glycyrrhizin from fluid extract of licorice.

Commercial spirits of nitrous ether liberates iodine from solutions of iodides, decomposes antipyrine solutions to form a green nitro-derivative, and precipitates mucilage of acacia, but if it be well diluted with water it can usually be added last without precipitating. Tincture of guaiac and spirits of nitrous ether are stated to be pharmaceutically incompatible by Potter (although they are often prescribed together), likewise infusion of wild cherry with compound infusion of gentian, infusion of cinchona with compound infusion of gentian, and infusions with metallic salts generally.

Sodium salicylate in solution precipitates the sparingly soluble salicylic acid if mixed with acids, and yields, if dispensed in powders with potassium acetate, the very deliquescent potassium salicylate. Sodium salicylate in strong solution is decomposed by tincture of ferric chloride, but if well diluted first changes only into ferric salicylate. Sodium benzoate solution is decomposed by acids to yield the sparingly soluble benzoic acid.

Mercuric chloride is decomposed by solution of potassium arsenite, but if the alkaline solution has first added to it, in slight excess, diluted hydrochloric acid no precipitation will take place on the addition of the mercurial salt; pyrophosphate and phosphate of iron solutions precipitate with dilute phosphoric acid. The *National Formulary* recommends the usage of dilute metaphosphoric acid, in place of the official "ortho" variety, as yielding a permanently clear solution.

In conclusion, the writer would say

that in these "notes" presented he has endeavored to give, not an exhaustive list of special incompatibles, but simply a general expression of those liable to occur in the every-day routine of prescription work.

What to do with an incompatible prescription is a question for individual judgment, and cannot here be entered into. The usual practice, in the event that the prescription involves no serious change, is to accept the situation and dispense as written. On the other hand, where some serious change is liable to take place, it is almost superfluous to state that it is the duty of the pharmacist to consult the physician before dispensing.—*American Journal of Pharmacy.*

ARSENIC SULPHIDE IN SKIN DISEASES.

By T. N. McLAUGHLIN, M.D.,
WASHINGTON, D.C.

My attention was attracted to this drug some time ago, as I desired to obtain a preparation of arsenic which would be better tolerated by some of my cases. Arsenic sulphide is used principally in the manufacture of fireworks, and has been seldom employed for medicinal purposes. I have used the drug in many cases of skin disease with gratifying results.

Case I. was one of psoriasis. This patient had been under the care of some of the most distinguished physicians. The various preparations of arsenic usually prescribed in the treatment of such cases had all been employed at various times during the twenty years which this patient had suffered with this disease. He has always been compelled, after a very short time, to stop the arsenic on account of the irritation which it invariably produced. He has never been able, therefore, to continue any of the arsenical preparations on this account. Every form of treatment has been employed in his case. I placed this patient upon one granule three times a day, and after four days increased the number to two granules three times a day, and in this way the number has been increased until he is

taking eight granules three times a day. When I began to employ this drug the patient suffered with an eruption over his arms, back, head and forehead, his hands were covered with fissures, which would bleed whenever the fingers were extended, the tissue upon palmar surfaces frightfully indurated, the nails black and roughened. His hands have greatly improved, his nails have nearly assumed their natural appearance, the fissures have entirely healed, and the face at the present time is practically well. One month after prescribing these granules my supply was exhausted, and the patient was compelled to do without them for a week, and during this period the eruption began to extend and the case lost nearly all the good effect which had been produced by the previous treatment. When he again began to use the granules the eruption, after a few days, began to show the effect of the treatment. The same local treatment has been continued all the time. This patient is in a better condition to-day than he has been at any time since the disease first appeared. There has not been the slightest irritation produced by this drug. His general health has improved, and he is now hopeful that he has obtained a remedy which may perhaps exert a controlling influence, if not a cure, in his case.

Case II was one of psoriasis which had existed for six years. He has been treated by some noted specialists in this section of the country, and had not been benefited to any extent. This patient is covered with an eruption from his head to his feet. He has never been able to take any of the arsenical preparations for a longer period than a week without serious gastric and intestinal irritation being produced. I prescribed the granules as in the former case. He has not employed any local treatment to certain portions of the body. He has been under treatment for eleven weeks, is at present taking eight granules three times a day, and the eruption is fading very rapidly. There has not been the slightest stomach or intestinal irritation. Large sections which were covered with the eruptions are nearly clean, but show where the eruption has existed.

I have prescribed the granules in cases of acne and furuncles, where I have been in the habit of giving calcium sulphide, and the results have been more satisfactory from the arsenic than from the latter.

I have employed this drug in a large number of cases of eczema, and have not observed the slightest irritation or contra-indication to its use. These cases have all been of a chronic character, and I have been careful to give it a severe, thorough test. I have found, during the short period which I have employed this drug, that the combined action of arsenic and sulphur, the latter proving one of the most serviceable drugs in the treatment of skin diseases, is far superior to the single action of either of these drugs.

The patient is entirely unaware that arsenic is being administered, and this in itself is quite a consideration. The dose can also be conveniently increased or diminished as the case requires, and finally entire absence of any irritation of the stomach or intestines thus far having been produced.—*Medical Standard.*

THE TREATMENT OF TYPHOID FEVER BY ANTISEPTICS.

A recent communication to the *Bulletin Général de Thérapeutique*, by Professor Pétesco, of Bukarest, gives the results of the treatment of typhoid fever in the Roumanian army by various antiseptics, and especially by phenic acid, naphthol and sulphide of carbon.

In 1883, on the occasion of an epidemic of typhoid fever which broke out in the garrison of Bukarest, Pétesco instituted the treatment by phenic acid. The results obtained were not satisfactory: out of 116 patients, 28 died.

In 1884, he undertook a series of clinical and experimental researches on parasitism in typhoid fever, and made extensive trials with salicylic acid, turpentine, benzoic acid and kairin. The results were still unsatisfactory; the mortality being from 25 to 38 per cent.

In 1885, the same clinical investigator undertook to verify the antiseptic action of calomel, bichloride of mercury,

sulphide of quinine and boric acid. The results were not favorable.

In 1886, he treated his typhoid patients with the saturated solution of sulphide of carbon. The results were better, the mortality being but 10 per cent.

In 1887, he "verified the antizymotic and antithermic action of antipyrin in doses amounting to two drachms a day." The mortality was still relatively high.

Lastly, in June, 1888, the indefatigable professor of Bukarest, "inspired by the labors of Professor Bouchard," began treating his typhoid patients with naphthol in doses of fifteen grains three times a day. In some cases a fourth dose of one gramme was given in the night-time. The results have been more favorable than those obtained by any of the other remedies. Out of forty-one typhoid patients who entered the military hospital in 1888, only twenty-five were treated in a systematic manner by naphthol; of these there was but one death. Hence Pétesco concludes that sulphide of carbon and naphthol have proved themselves more worthy of confidence than the other medicaments used in typhoid were, and he affirms that by these two methods employed separately, or associated with cold-water treatment, not only are the morbidity and mortality of typhoid fever reduced, but the march of the disease is also favorably modified. The evolution of the disease takes place, he thinks, without presenting the grave ataxo-adyamic phenomena of auto-infection such as show themselves in the sequelæ of treatment by other remedies.

The number of cases is too small, and the information as to the disease-type in the different years is too scanty to permit of any very definite conclusions from Pétesco's results.

Dr. George L. Peabody, in a communication to the Practitioners' Society of New York (*Medical News*, December 14), gives the results of treatment of fifty typhoid patients in the New York and Bellevue Hospitals, during the year 1888, when the type of fever was less severe than usual, with betanaphthol and resorcin as antiseptics, and the cold pack as an antipyretic:

"When patients entered the hospital

sufficiently early in the disease, that is to say, within the first ten days, the routine method was to administer a calomel purge of ten grains, and then immediately to follow this drug by a dose of one of the antiseptics, which was repeated at varying intervals, day and night, as a rule, until the temperature became normal, and remained so.

"When resorcin was used, it was given in the dose of five grains every four hours; when beta-naphthol was used, its dose was two grains, given every two, three or four hours, depending upon its effects. These drugs were administered in pill form, and each pill was carefully coated with keratine, to insure it against changes to which it might have been subjected in the stomach. Thirty-three well-marked cases of this disease came under my care in the New York Hospital last year, and of these, twenty-seven were treated antiseptically in one of the ways indicated.

"But little use was made of any of the newer antipyretic drugs, though in some cases occasional doses of phenacetine were administered. This formed no part of the *plan of treatment*, and was ordinarily given only a few times when the temperature remained persistently high.

"The effects of the antiseptics upon Ehrlich's diazo-reaction were interesting. This reaction, even though it might have been ever so plainly present when the patients began treatment (and it was so almost invariably), usually disappeared after the first few doses, and remained constantly absent while the drugs were given. In several cases, for experimental purposes, the drugs were stopped, and the reaction promptly returned, to disappear again when the administration of the drugs were resumed. Of unpleasant consequences of these drugs, I have to record the occurrence of blood, albumen and casts in the urine in a few patients who took beta-naphthol. These symptoms were always looked upon as positive indications to discontinue the drug, and they disappeared promptly when it was stopped. Resorcin produced absolutely no unpleasant effects."

Peabody concludes that: On the

whole, the method of treatment by the cold-pack has been more gratifying to him than that by the internal use of antiseptics; but emphasizes the importance of using it systematically and so frequently as to keep the temperature always below 102°. At the same time he acknowledges the impediments in this country which the comparatively late periods at which typhoid patients enter the hospitals, and the disposition of the hospital services throw, in the way of the proper and systematic treatment of typhoid fever by cold baths.

Although such therapeutical studies are worthy of attention, we see nothing in them to lead us to alter our opinion that attempts to control the course of typhoid fever by antiseptics of the bowel will be ultimately abandoned as irrational and unavailing.

—*Boston Med. and Surg. Journal.*

THE INFLUENCE OF THE NERVOUS SYSTEM ON THE RENAL FUNCTION.

The influence of conditions of the nervous system, particularly of the cerebrum, upon the renal secretion, has always attracted attention, even the laity being familiar by personal experience with the increase of urinary flow upon strong mental excitement, especially if it be attended with some apprehension or alarm. So common is this experience with public speakers that it has come, we believe, to be a recognized principle of architectural construction to place a water-closet in close conjunction with every public platform, stage or pulpit. It is indeed true that the more obvious phenomena of this sort are probably due to contraction of the bladder as well as to increase in the secretory activity of the kidney, but the participation of the latter organ in the effects of nervous disturbance is sufficiently illustrated in the range from absolute anuria to marked polyuria in the successive phases of a case of ordinary hysteria.

Some of the earlier physiologists were inclined to explain the action of the kidney on quite a mechanical basis, but it has been found that, for example, the blood pressure is no gauge of the

quantity of urine which is to be secreted. Some diuretics act, to be sure, by causing increased blood pressure, but under great variations in blood pressure the amount of urine may remain unchanged. Bernard was the first to point out that the kidney was more than a mechanical filter; that nervous action is the efficient cause of renal activity, dominating all mechanical conditions.

A recent paper by Dr. Francesco Spallitta, of Italy, treats of this subject. It appears in a translation by Dr. Workman, of Toronto, in the October number of the *Alienist and Neurologist*, and our readers may be interested in some of the conclusions which Dr. Spallitta draws from his experience. He concurs with Bernard and others in fixing the center for the secretion of urine in the medulla oblongata. He finds that it is by means of the sympathetic that the cerebro-spinal nervous centers act on the circulation and the function of the kidneys. A considerable series of experiments upon the influence of the spinal medulla upon this secretion are given, from which he concludes:

1. Lesions of the spinal medulla, from the first dorsal vertebra downwards, do not cause changes in the renal functions.

2. Section of the spinal medulla, between the seventh cervical vertebra and the first dorsal, produce polyuria.

3. After section of the spinal medulla at the sixth, fifth, or fourth cervical vertebrae, the secretion of urine continues, and shows more or less albumen.

4. Section of the spinal medulla, between the third and fourth cervical vertebrae, arrests the urinary secretion.

5. Electric excitation of the spinal medulla in the cervical region arrests the secretion of urine. This result finds its counterpart in the experiments of Grützner, who, by exciting the inferior extremity of the spinal medulla, saw the secretion of urine arrested and the renal tissue becoming pale; also, in the similar results obtained by Bernard and Vulpian, after galvanization of the renal nerves, and in those which the author obtained by the electric excitation of the renal organ itself.

Dr. Spallitta concludes that there exist in the pneumogastrics some fibers which through the influence of the solar plexus enter and take part in the renal nerves and so influence the secretion of urine. As to the influence of irritation of sensory nerves, he finds, contrary to the conclusion of Vulpian, that such excitation does inhibit the flow. This was shown in a dog with ureteral fistula; on stimulation of one of the sciatics the flow ceased, to return when the stimulation was relinquished. This view seems to accord with observations of Nepocin that in diseases of the testicles resulting from wounds or inflammation of the tunica vaginalis and after the operation for hydrocele there is often diminution of the urine on the second or third day after the operation.

The effort of purely cerebral conditions on the renal secretion was studied by experiments with dogs, and it was found that electrization of the cerebral gray substance on the anterior lobes, not only does not produce an overaction augmenting the secretion of urine, but though it does not stop the secretion of urine, it causes a more or less notable diminution of the quantity.

The instances of increased quantity of urine observed after strong emotions and lively psychical excitements, cannot probably be attributed to any other cause than a transient paralysis of the vaso-motor nerves. Observations by a number of other authorities upon the influence of cerebral conditions on the chemical composition of the urine are interesting in this connection. Quineke found a difference in the composition of the urine whether the person who passed it slept or lay awake in bed. Byasson found the influence of cerebral action so marked that he claimed he could tell by urinary examination in a person whose condition was experimentally controlled, what sample was secreted during repose, what during cerebral activity, and what during muscular exercise. Brain exercise is accompanied by increased elimination of phosphates of urea and of alkaline sulphates; muscular activity by more than usual increase in urea, uric acid and chloride of sodium. Other observers,

however, find conflicting evidence on this point. Coffee and tea increase the amount of urinary secretion and the urea. Alcohol increases the urine but lessens the urea. Of the proportions of opium some increase and some diminish the urea. Some observers attribute the renal influence of these drugs to their effect directly on the nerve centers, especially the brain.

As to the effects on the renal secretion of various diseases of the cerebro-spinal axis, our author has collected a number of detached observations, which we have no space to cite. They have to do with various forms of insanity, epilepsy, chorea, tetanus, paralysis agitans, hydrophobia and the spinal-cord lesions. They are, however, so varied as to prevent the drawing of definite conclusions as to the method of their causation.—*Boston Med. and Surg. Jour.*

MORPHINE IN BRIGHT'S DISEASE.

One is startled now and then by a challenge being thrown down to rules of practice which have grown to be considered almost as fundamental principles of the science and art of medicine. One such rule has been that the administration of opium and its alkaloids in Bright's disease was always to be condemned as likely to bring about the very catastrophe which the treatment might be intended to avert. The belief gained its ground on the strength of reasons which had every appearance of science and logic, and consequently during their declining hours the miserable sufferers from renal disease have been left to themselves, since the only remedy which could lull their pangs was formally contra-indicated. It can hardly be doubted, indeed, that the earlier observers based their conclusions on clinical experience, and as one gradually came to understand the correlation of a certain group of symptoms with renal disease, and grasped the fact that the elimination of drugs introduced into the system was more or less put a stop to when atrophy or congestion of the kidneys interfered with the proper discharge of their function, the matter

appeared to be perfectly plain. For the same reasons certain other drugs which would otherwise prove very useful, such as mercury, were also held to be contra-indicated. These observations have been reinforced by more recent investigations into cases of intolerance to the action of certain drugs, notably of the salicylates, and the result has been to show clearly that the exaggerated effects are due in the majority of instances to the retention of the substance in the system owing to the want of functional activity on the part of the kidneys from some cause or another. Some observations which have recently been made public by Dr. Stephen Mackenzie show that, however true it may be that in certain cases of renal disease, opium, and its alkaloid, morphine, do give rise to disquieting symptoms, the fact does not hold good in all cases. He brought forward several typical cases of Bright's disease with ascites and general anasarca, in which, after all the usual remedies had been tried without affording the desired relief, morphine was given with the most satisfactory result as far as the cessation of suffering was concerned. He refrained, it is true, from advocating the use of the drug in all such cases, but he made good his claim to have shown that at any rate there are exceptions to the rule. It was suggested that the difference in the effects observed might depend upon the relative gravity of the kidney lesions, but that fact alone does not afford an adequate explanation, seeing that it has proved just as useful in cases of short duration as in confirmed cases. Uræmia is a form of auto-intoxication, and the treatment has to fulfil, as far as may be possible, three indications, viz., the elimination of the poisons then present, the prevention of the formation of others, and finally, the neutralization of the effects of the poison already in the blood. One effect of the poison is to provoke a severe spasm of the arterioles, giving rise to intense dyspnoea, headache, and convulsions. He suggested, therefore, that morphine acts beneficially by relaxing the spasms of the vessels. This, of course, is only a hypothesis, and confirmatory evidence

will not be very easy to produce. For the present we must rest content with the knowledge that in certain cases the drug may be given with advantage, and the knowledge will perhaps induce practitioners to scrutinize more closely than they have hitherto done the ill effects alleged to follow the ingestion of morphine in these cases. The condition of the patient who has reached the later stages of the disease is so distressing, and so hopeless, that medical men will be only too pleased to have permission to make use of a remedy which may, to some extent, afford relief. For the present, however, it must not be lost sight of that the remedy is not one to be employed without a due sense of the possible risks involved.—*Medical Press and Circular*.

ANTIPYRIN—ITS SUBCUTANEOUS USE.

Dr. L. Bach (*Ther. Gazette*), from a study of injections of antipyrin in one hundred different cases of various diseases of a neuralgic character, says:

1. Subcutaneous injections of antipyrin, as regards the production of local pain, is of the most varied action, the result evidently depending upon the individual disposition of the patient.

2. No difference between the first and subsequent injections can be made out.

3. Whenever possible, the injection should be made into the tissue of the muscles, since in this locality it is, at any rate, no more painful than in the subcutaneous tissue, and infiltration is avoided.

4. Previous injections of cocaine are to be recommended.

5. As recommended by Liebreich at the last Wiesbaden Congress, the injection should be made as near as possible to the seat of pain. An apparent exception to this rule is found in the fact that in hemicrania and orbital neuralgia relief will frequently follow with astonishing rapidity the use of injections into the deltoid muscle.

6. There is no probability of antipyrin ever being regarded as a substitute for morphine.

7. Injections of antipyrin arrest pain in hemicrania and muscular pain, especially in lumbago and neuralgia of the sciatic and trigeminal nerves. In most cases the relief is permanent; in others it lasts from six to eight hours.

8. In articular rheumatism it seems to be almost a specific, as, in the single case in which it failed to give relief, failure can be regarded as attributable to the complications existing in the case.

9. No difference is evident as regards its influence upon acute or chronic pain; it appears to act equally well in both cases.

10. The five cases in which chills, cold sweat, palpitation of the heart, and symptoms of syncope followed its use, show that its employment should be carefully watched, although in no cases were the symptoms severe enough to cause any anxiety. Since in none of these cases was cocaine injected with the antipyrin, the results are attributable to the latter alone.

11. Only in the rarest instances will these injections fail to produce some improvement.

In most cases the author employed a solution of antipyrin made in boiling distilled water. In other cases he employed a solution consisting of 150 grains each of antipyrin and water in which 3 grains of cocaine were dissolved, the latter solution being ordinarily less painful in its employment.

EXALGIN—ITS PHYSIOLOGICAL ACTION.

Dr. Gaudineau (*Bul. Gen. Ther.*), from elaborate studies, concludes:

1. As exalgin is an aromatic derivative, it has no marked toxic properties, and is capable of influencing the sensory and motor nervous systems, and of affecting the respiratory and circulatory organs. In poisonous doses, like other poisons of its class, its principal action is on the red blood-corpuscle, diminishing the energy of gaseous interchange into the blood.

2. Exalgin produces death in doses of seven grains for every two pounds of body weight of the animal.

3. In lethal doses, convulsions are produced, and death is rapidly produced by asphyxia.

4. In poisonous but not fatal doses, of three grains for every two pounds of body weight, the temperature is reduced rapidly for several successive hours.

5. In a healthy man, doses of from three to six grains produced no effect beyond slight vertigo and ringing in the ears.

6. The primary action of exalgin is on sensibility; its action on thermogenesis is secondary.

As to the clinical application of exalgin, Dr. Gaudineau formulates his conclusions as follows:

1. Exalgin, given in doses of from four to six grains, if the subject is non-febrile, is ordinarily without effect.

2. Doses of four to six or twelve grains modify considerably the pain experienced by a patient suffering from neuralgia or any painful affection.

3. Exalgin is poisonous when administered in doses equivalent to seven grains for every two pounds of body weight, so that in ordinary therapeutic doses it may be stated to be absolutely inoffensive, and that this new remedy is less dangerous than aconitine, digitaline, and all the alkaloids frequently given to patients.

4. The therapeutic dose varies from four to twelve grains administered in the twenty-four hours.

5. In these doses exalgin has never produced any trouble other than slight vertigo and ringing in the ears.

6. Exalgin is especially valuable from the fact that it does not irritate the stomach, and that the doses required are small.

The analgesic effects of exalgin are especially evident in the treatment of neuralgia, and, to a less degree, in the treatment of pains of a rheumatic character.

Finally, while exalgin is but little soluble in cold water, it readily dissolves in solutions containing diluted alcohol, though it is easier to administer in powder, or in solutions flavored with some aromatic.

—*Therapeutic Gazette.*

INTESTINAL OBSTRUCTION.

Jonathan Hutchinson gives the following (*Arch. of Surgery*) as the principles which guide him in all cases of acute intestinal obstruction: He believes that in all cases in which obstruction is recognized, whether the symptoms are severe or mild, one of the first measures adopted should be the administration of an anæsthetic, under the full influence of which, intestinal spasm will be relaxed, and the passage of scybalæ, gall-stones, or other impediments favored. While anæsthetized, the patient's abdomen should be carefully examined by the surgeon, who should also use enemata, and practice abdominal taxis. An accurate diagnosis of the cause of obstruction is not often possible, and the early use of anæsthesia and taxis is successful in many cases, whatever the causation, and prejudicial to but few. If these measures fail, and the symptoms increase after anæsthesia, exploratory laparotomy should be resorted to.

Intussusception in infants under one year should be treated wholly by taxis and enemata, as the prospect of recovery after abdominal section at this age is exceedingly slight. In older children laparotomy is probably the best treatment. If the diagnosis is plugging of the gut by a gall-stone, belladonna should be freely administered, and if pain is severe, prolonged anæsthesia; also, systematic efforts should be made to force enemata beyond the ileo-cæcal valve. Under no circumstances does this latter condition justify an operation, as with the above measure the probabilities of recovery are great. In cases of long duration, either the "rest, opium, and starvation plan," feeding entirely by the rectum, or repeated recourse to taxis and large enemata, should be adopted.

Mr. Hutchinson describes his method of taxis thus: Under full anæsthesia, the bladder and the bowels being empty, the surgeon forcibly and repeatedly kneads the patient's abdomen, pressing its contents in all directions. The patient is then turned on his abdomen, upheld by four strong men, and vigorously shaken. Following this he

is supported by the feet, copious enemata given, and, while in this position, vigorously shaken upward and downward. The latter Mr. Hutchinson considers exceedingly important. However rough such treatment may seem, it is in no sense unscientific, but thoroughly rational, and its efficacy is attested by the reports of Mr. Hutchinson's cases.—*Canada Lancet*.

GLYCERINE OF BORAX IN THE DIARRHŒA OF INFANTS.

G. Mansell Symptom, M.B., says in a communication to the *Lancet*: If we regard infantile diarrhœa as due to the excessive fermentation of food in the intestinal canal causing irritation and catarrhal condition of the intestinal mucous membrane, it seems reasonable to look for a remedy to act both on the cause and effect. Glycerine itself is an antiseptic of no mean order, and relieves the pain and congestion of inflamed piles, chiefly mucous surfaces, while every mother knows the virtues of glycerine of borax when applied to the mucous membrane of the mouth. So it was no great step to introduce it further into the alimentary canal. Whether fed from the breast or brought up by hand, the motions of patients with diarrhœa infantum were like curds of milk, suggesting that the irritated intestine had hurried its contents on as quickly as possible. Again, they were very foul-smelling, suggesting great fermentation. Therefore the glycerine of borax has to do two things: to act as an antiseptic to prevent excess of fermentation in the stomach and intestines, and to soothe the mucous membrane thereof in passing over it. I have found it answer capitally; the children like it, it lessens the griping pains, it renders sweet the offensive motions, and it stops the diarrhœa. One case died while under this treatment; the child was seven months old, had had diarrhœa two days, and was utterly worn out when I saw it. But I suppose there will always be cases which come under our notice too late for cure. I give it as follows: Glycerine of borax, twenty minims; tincture of orange,

three minims; distilled water to one drachm. To be given every one, two, or three hours, according to the severity of the case or the age of the patient.

SULPHUR IN A PALATABLE FORM.

In the *Practitioner*, Sir Alfred S. Garrod gives his experience regarding the uses of sulphur taken in small doses and for a considerable period of time in the treatment of disorders of the alimentary canal and liver; also in certain diseases of joints, especially rheumatoid arthritis; and, lastly, in chronic muscular rheumatism and skin diseases. The form selected by him for the exhibition of the drug is a lozenge containing five grains of the milk of sulphur and one grain of cream of tartar. This lozenge is far from disagreeable, the cream of tartar giving it a pleasant acidulous taste; and it contains enough sulphur for therapeutic purposes. Sir Alfred claims that the stomach itself is probably little influenced by the sulphur, as the surface and contents of that organ are usually acid in reaction, and possess no solvent power; but that when it arrives in the duodenum, and meets with a different condition of the mucous membrane and the presence of bile and pancreatic fluid, both of alkaline reaction, more or less of it becomes converted into a soluble sulphide, which is absorbed by the portal vessels. The presence of the cream of tartar in the lozenge helps to prevent the formation of any soluble sulphide in the stomach, and hence the absence of sulphurous eructations. Sir Alfred Garrod finds that even this small quantity of sulphur usually produces appreciable laxative effects, and patients can be readily induced to persevere in using the lozenges for an almost indefinite time. Sulphur given in the form just described exercises a markedly beneficial effect in many morbid states of the alimentary canal and liver, such as hepatic sluggishness, piles, and hemorrhoidal bleeding; besides which the continual use of the lozenge is often quite effectual in obviating habitual constipation without being attended by the unpleasant action often pertaining to ordinary aperient

medicine. Much benefit was also derived from the continued use of the small doses of sulphur in chronic forms of rheumatoid arthritis and gout, and in many cases of muscular rheumatism.

—*Canada Lancet.*

THE EFFECTS OF ALCOHOL ON THE SECRETION OF BILE.

Dr. Cheltsoff has (*Lancet*) recently been making experiments upon dogs with a view to determine the nature and amount of the influence of alcohol upon the secretion of bile. He made biliary fistulæ in the animals, and after all the disturbance caused by the operation had passed off he proceeded to observe the effect of introducing alcohol in various quantities into the stomach. The bile as it was secreted was collected in glass receivers, which were changed every few minutes, the contents being measured, weighed, and otherwise examined. The results showed that small quantities of alcohol either have no perceptible effects on the bile or serve to increase it slightly. Large doses, on the other hand, perceptibly diminish the flow, though sometimes there is at first a temporary increase. Medium doses do not give any constant result. Dr. Cheltsoff has come to the conclusion that the alcohol acts directly on the hepatic cells.—*Canada Lancet.*

WEIL'S DISEASE.

Dr. Weiss, of Prague (*Wiener med. Presse*, November 17, 1889), who has made a careful study of Weil's disease, classifies and describes the symptoms thus:

1. The febrile symptoms are marked at the beginning of the disease, the fever being characterized by morning remissions. Between the fifth and seventh day the temperature begins to fall, reaching normal about the tenth or twelfth day. In some cases, after a period of normal temperature, there is a second accession of fever, seldom, however, a true relapse.

2. Pain in the limbs is a distressing symptom, rendering pressure or motion unbearable to the patient.

3. Gastro-intestinal symptoms are seldom distinct.

4. Jaundice is the most characteristic symptom, and is in all cases icterus from obstruction. Associated with the jaundice is swelling of the liver, the size of which depends upon the amount of biliary retention.

5. The swelling of the spleen, which is acknowledged by all authors, appears early and is a strong point in favor of the infectious nature of the disease.

6. Nephritic symptoms, such as hemorrhagic nephritis, are common and often very serious.

Bronchitis, epistaxis, herpes, purpura, petechia, and erythema, as accidental complications, have all been observed. The statistics of the epidemics in Prague show that men between the ages of twenty and thirty-five years are most frequently affected, and women and children less frequently.

The greater number of cases are seen in the summer months, but sporadic cases develop at any season. Epidemics of the disease are unquestionably caused by bad sanitation. It is infectious, but its contagiousness is as yet undecided.—*Med. News.*

INHALATION OF THE IODIDE OF MERCURY IN TUBERCULOSIS OF THE LUNGS.

According to the *Pharmaceutische Post* for March 3, 1889, Miquel and Rueff have recently recommended the inhalation of the biniodide of mercury in tuberculosis, basing their opinions on a long series of careful observations made at the bedside. The result of this method of treatment, according to the authors, is a very satisfactory one—often after its first administration the cough is reduced, and the expectoration, even in individuals with large cavities, becomes reduced in quantity and loses its offensive odor. As a result of its continued employment, it is claimed that night sweats disappear and the general condition becomes improved, the body taking on weight. Their method of employment is to dissolve one part each of biniodide of mercury and iodide of potassium in one thousand

parts of distilled water. This solution is employed in the form of a spray, at first only once daily, and later, when the patients have become accustomed to it, twice daily. If it is found that the irritation from inhalation is too excessive, the solution may be reduced one-half in strength without the result being affected, since it is claimed that this preparation of mercury will destroy bacteria in concentration of one to forty thousand. One of the chief conditions of success is to prolong the use of treatment, which may be carried out for a year or more without evil effect to the patient. If we admit that phthisis is due to the presence and growth of a bacillus, the use of such a bactericide would be indicated on theoretical grounds, and, as the author's experience seems to prove that its use may be persisted in without danger to the patient, it is certainly worthy of trial.—*Therapeutic Gazette*.

INSUFFLATION OF SALT IN THE TREATMENT OF NEURALGIA.

At a recent meeting of the Edinburgh Medico-Chirurgical Society, Dr. George Leslie gave the details of thirty or forty cases of facial and other neuralgias, cephalalgia, odontalgia, etc, which had been cured, in most instances instantaneously, by insufflation of powdered common salt through the anterior nares. The salt was either "snuffed" or blown up the nostrils. He had been unsuccessful in only two cases; both of these were cases of old standing, which had been treated frequently by morphine injections. In one of them excision of the nerve had been practiced.—*British Med. Journal*.

TREATMENT OF PHLEBITIS.

Muselier recommends (*L'Union Méd.*) the following: In cases of simple phlebitis, leeches should be applied and unctions of mercurial or opium ointment thoroughly rubbed in. Local baths are to be used if the inflammation involves an extremity. If the vein suppurates, free drainage is at once to be established, it being remembered that

in spontaneous phlebitis the danger resides in the possibility of embolism. To prevent so grave an accident, the limbs should be placed in cushions and elevated in such a manner as to favor the venous circulation toward the trunk and the disappearance of the œdema. Fixation is also a necessary accompaniment of the treatment, and all abrupt movements are to be avoided lest embolism should occur, and even in the application of mercurial ointment violent rubbing should be avoided for fear it might dislodge a clot. If the phlebitis is of long duration and there is much œdema of the limb, it may be well to apply an Esmarch bandage, and if, as a result of this compression, atrophy of the muscles occur, recourse must be had to electrical currents, massage, and baths.—*Canada Lancet*.

FOR ACUTE RHEUMATISM.

R—Acidi salicyli, . . . 3 ss;
Sodii bicarb., . . . 3 iij;
Spts. lavender co., . . . 3 j;
Tr. aurantii cort., . . . 3 iss;
Glycerine, . . . 3 j;
Peppermint or cinnamon water, ad. 3 vj.—M.

Sig: One to two teaspoonfuls every two or three hours. Further diluted to suit the cases.

This is an excellent formula for the administration of salicylic acid—when indicated. Iodide, bicarbonate, acetate potash, colchicum, cimicifuga, gelsemium, etc, may be added.—T. D. WILLIAMS, M.D., in *Med. Summary*.

INTESTINAL OBSTRUCTION CURED BY INJECTIONS OF SULPHURIC ETHER.

Clausi, in *Il Morgagni* for September, 1889, reports the cure of two cases of obstinate obstruction by the injection of three drachms of ether and alcohol in ten ounces of water by means of an ordinary syringe. The patients felt a sensation of warmth in the entire belly, and immediately belched up air loaded with the odor of ether. A movement of the bowels soon afterward followed.—*Med. News*.

THE DIAGNOSIS AND TREATMENT OF AORTIC ANEURISM.

Aortic aneurism is, with reason, looked upon as for the most part an incurable affection, and the question of the comparative value of the various methods of treatment is one of very great interest to practitioners who may at any moment be called upon to advise a patient as to his future prospects. Apart from the rare cases in which the situation of the aneurism is such as to admit of an attempt being made to bring about a cure by surgical procedure, notably by ligation of the common carotid and subclavian arteries, the resources of our art are tolerably limited, but as the value of these as a whole has been called in question, the moment is opportune for a discussion on the subject by those whose large experience is such as to enable them to speak with authority. Hence the discussion at the last two meetings of the Medical Society of London, inaugurated by a paper by Dr. Douglas Powell, possesses a special interest. It is necessary to begin by differentiating the fusiform from the sacculated variety of the disease, since the former does not properly come within the scope of therapeutic measures. The sacculated variety, on the other hand, gives rise to symptoms at once more pronounced and more painful, but is in a certain proportion of the cases, apparently at any rate, amenable to treatment. Without going into the *minutiae* of the diagnostic features of the disease it may be well to reiterate the author's caution not to attach too much importance to purely circulatory derangements as evidence of the presence of aneurism. These may be simulated by a variety of causes, and, if too implicitly relied upon, may be the means of misleading the practitioner. As a general rule the really reliable signs are those due to the pressure of the enlarging tumor upon surrounding structures. In the sacculated variety these are usually early and marked, and the collateral signs of circulatory disturbance may then be extremely useful in enabling the physician to distinguish between the several

causes of pressure. Supposing the diagnosis to have been established on an irrefragable basis, the great question comes as to what, if any, treatment is likely to promote recovery; that is to say, consolidation of the tumor by coagulation of the contained blood and consequent arrest of growth. So far as clinical experience goes, the only satisfactory plan is that based on physiological data, in virtue of which the intra-arterial blood-pressure is lowered, the proportion of the watery constituents of the blood is lessened, and its coagulating propensity increased. The method usually employed is known as the Tufnell treatment. It consists in reducing the amount of the solid and liquid ingesta to the minimum compatible with life, keeping it up, the patient preserving meanwhile the recumbent position, until either success crowns the effort or until the patient becomes unable or unwilling any longer to support its rigor. There seems to be very good ground for believing that this method does, in some cases, bring about the desired result. The administration of large doses of iodide of potassium is claimed by some to materially assist in causing the deposition of fibrin on the walls of the sac, and it may be remarked *en passant* that this is the only form of coagulation that can be relied upon to effect the desired consolidation. This fact militates against such methods as the introduction of foreign bodies into the sac from without, since these can presumably, at the best, only lead to coagulation *en masse*, with the subsequent risk, amply confirmed by clinical experience, of softening of the clot and infarction. There is an alternative method by means of the introduction of the negative electrode into the sac, whereby the coagulating effect of the electrical current is sought to be utilized. Though more hopeful than the preceding, the results are still not such as to warrant its general adoption. All that can be said of it at present is that "it is a method in which the post-mortem evidence is very encouraging." Those who affirm the good results of the Tufnell treatment labor under the disadvantage that their al-

leged cases of cure are open to the observation by hostile critics that no actual visible evidence is forthcoming as to the condition of the vessel, either before or after treatment, but as these good effects do not rest upon one or two isolated cases, but upon the collective testimony of men well qualified to offer an opinion, their assertions are entitled to respect. At the same time it must not be lost sight of that more than one observer of eminence is disposed to deny that a cure can be brought about by any such means, and their arguments give some countenance to the contention, that as the treatment is so uncertain in its results, and so severe in its nature, it might, after all, be preferable not to subject the patient thereto. The question may indeed fairly be asked, whether it is really worth while to withdraw persons who have been found to be suffering from this affection from active service, and to submit to severe operative or dietetic treatment for the sake of a highly problematical addition to their span of life. This is a matter which it belongs to the patient rather than to the physician to decide. Patients are not all philosophers, and the calm acquiescence in the inevitable, which may be possible in the minds of the calibre of the late Drs. Murchison and Hilton Fagge, is not to be expected of the average sufferer. It must not be overlooked that the presence of aortic aneurism is not always inconsistent with years, even many years, of useful labor, and there are few practitioners who cannot call to mind one or more such cases. It can hardly be doubted that the condition of a patient who bears up under his affliction and resolves to struggle to the last, is, on the whole, happier than that of those who voluntarily submit to the most appalling privations and sufferings in the hope of adding a brief span to an existence already seriously jeopardized. For the practitioner, however, these considerations have but a subsidiary interest. What they require to know is, what measures are available for the treatment of such as desire at any price to attempt the cure of their malady, and what is the relative value of such

methods. As will be seen from the foregoing, the choice is easy because limited.—*Medical Press and Circular.*

OPERATION AND PROGNOSIS OF LINGUAL CANCER.

During the past thirteen years (KRAUSE, *Ctbl. f. Chirurgie*) ninety-one extirpations of the tongue for cancer have been done in Volkmann's clinic. In fifty-six partial excisions the mortality was 0 per cent., in thirty-five complete ones 5.7 per cent. These favorable results induced Volkmann to publish the technique and after-treatment he pursues.

Volkmann does not tie the lingual artery, nor do tracheotomy. When it is possible to bring the tongue with its tumor in front of the teeth, he excises through the mouth; in the severe cases Langenbeck's method of temporary section of the lower maxilla is practiced by means of an ordinary saw. The palato-glossal arch is severed each time, and later a drainage-tube is put into the tonsil-niche. After thorough extirpation, the wound is united by bringing the mucous membranes as near as possible together. The maxilla is united by silver wire, and produces either bony or ligamentous (useful) union; sometimes partial necrosis. The œsophageal tube is not used. Operation close to the epiglottis is declined. After the thirty-two severe cases, the average duration of life was twelve months; one man lived over six years. Among the fifty-six partial excisions seven remain alive; the shortest period of survival, eight months; the longest, six years.—*Times and Register.*

LAWSON TAIT AND THE SURGERY OF THE LIVER.

Mr. Tait, writing on the surgery of the liver in the *Edinburgh Med. and Surg. Journal*, says: When first I attacked the liver by surgical operation I certainly was in terror of hemorrhage, for I thought that if an incision opened a large sinus the arrest of hemorrhage would be a matter of considerable difficulty, but I was encouraged by an acci-

dent which befel me in performing an ovariectomy, for there, on undoing an adhesion to the liver, I tore a cleft in the free edge of the organ, certainly an inch and a half deep, which bled freely, and I was greatly alarmed; but I took a small piece of solid perchloride of iron about the size of a pea and rubbed it over the edge of the tear. The hemorrhage stopped immediately, and my patient made an easy recovery, so that my respect for the liver greatly diminished. On one occasion I did open by my incision a sinus of considerable size, but I passed a thread by means of a fine needle down one side of it and up the other, and tied the sinus between the two limbs of the ligature. In this way the hemorrhage was arrested, and I heard nothing of the ligature. I was also in fear of another condition which *à priori* one might have expected, that it would be difficult to stitch the edge of the wound of a friable organ like the liver to the abdominal wall, and that the stitches would be very likely to give way. As a matter of fact, I have not found it so, and in not a single instance has this given trouble. In my operations upon abscesses of the liver all the cases have recovered but one.

—*Canada Lancet.*

SUGAR IN THE URINE OF PUERPERAL WOMEN.

This condition was found in four-fifths of all cases examined by Dr. Ney (*Arch. f. Gynak.*), who regards it as a physiological condition. It begins with the accession of the lacteal secretion, and is more pronounced in those women in whom the latter is more abundant. Mastitis and fissures which result in stasis of the milk favor the appearance of sugar in the urine. There is none present in women who have no supply of milk. Infants thrive best when nursed by women who have the most sugar in their urine, because in these the lacteal secretion is most abundant and nutritious. Hofmeister had shown that the sugar found in the urine of puerperæ was milk sugar, not grape sugar. It is carried into the blood by transudation from overfilled milk tubes,

and excreted by the kidneys.—*Dietetic Gazette.*

ADVANTAGES OF THE USE OF IODIFORMIZED GAUZE IN DILATATION OF CERVICAL CANAL.

1. It drains the uterine cavity by capillary action, instead of confining septic fluids, as do dilatable tents.
2. It does not tear the mucous membrane of the uterus, and thus afford a ready channel for septic poisoning.
3. In but a small proportion of cases is there severe pain after its introduction.
4. It can be used with perfect safety in the office.
5. It is easy of application.
6. Its use is entirely devoid of danger if ordinary antiseptic precautions are used.—HAYNES, in *So. California Practitioner.*

QUININE IN THE TREATMENT OF SYPHILIS.

A writer in the *Vratch*, November 21, 1889 (*Bulletin Général de Thérapeutique*, October 13, 1889), recommends quinine in the treatment of syphilitic patients in whom cachexia and fever are marked symptoms. The quinine should be administered in doses of from fifteen to twenty grains daily, associated with mercurial inunctions. The drug prevents pyalism and stomatitis, and, if ulcers are present, hastens their cicatrization. Quinine is useless in ordinary cases of syphilis.

—*Med. News.*

HERNIA REDUCTION.

According to the statement of Geo. H. Stroup, of Pennsylvania, he never has failed to relieve any case of hernia, even after failure of taxis and other plans, by the following: Place a piece of absorbent cotton over the tumor and saturate with ether. He says no operation for hernia will ever be needed when this plan is followed for a sufficient time.—*Medical Summary.*


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THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, January 18, 1890.

The Week.

"PUT MONEY IN THY PURSE."

The following clipping from a contemporary indicates a degree of worldly wisdom that has not often been exemplified in the doings of doctors:

PHYSICIANS FORM A TRUST.—It is stated that the doctors of Findlay, Ohio, have formed a "trust," and advanced the price of professional visits from \$1 to \$1.50 each. The announcement has caused great indignation among the people, as influenza is epidemic. It is charged that the physicians took advantage of the necessity which exists for their services.—*Medical News*.

The people of Findlay seem to be indignant over an act that is entirely justified when applied to any other commodity than physicians' professional labors. We have a kind of dim, dizzy recollection that some months ago the people of Findlay advanced the price of their real estate on account of an increased demand, of not one-third, but as much as a hundred times its former selling price. The rate was thus enormously advanced just because

the owners could get it, and they should be the last people on this round earth to whine over an advance in price of physicians' fees. Our only criticism of the action of the doctors is that they did not make the raise high enough according to the justification. If war is declared in Europe, farmers advance the price of wheat, and millers and merchants the price of flour. A demand exists for the commodity that is for sale, and that commodity is a necessary of life. Increased demand always makes an increased price for anything that is saleable in the markets of the world—from beans to railroad iron, or the labor of driving a nail to digging a ditch.

An epidemic, whether of cholera, yellow fever, or la grippe, makes a sudden but temporary demand for physicians' services, and from the standpoint of the people themselves those services have an enhanced value. The principle involved is a law of trade and commerce that is always applied, and governs the entire mercantile and labor world with as much certainty as the law of gravity.

Recently, in conversation with a bank officer, mention was made of a prominent physician and some of his business methods. One of his ways was, in answering a call in a strange family, to require security for his bill, which if not forthcoming, caused an invariable refusal of attendance or service, and which not infrequently called forth expressions more emphatic than complimentary or polite. The banker expressed his detestation of the lack of humanity shown in such a course and conduct, and hoped such a man had neither standing nor recognition in the medical profession. We suggested that the doctor only applied the same business methods adopted in all banks. Supposing to him—that a stranger, per-

haps not well-dressed, or in the garb of a professional tramp, were to enter any bank and present his note, properly drawn and signed, for the amount of five dollars, or the charge for a physician's visit; what banker would cash or discount the note unless accompanied with collateral security or known responsible endorser? And yet for lack of the small amount represented by the value of a physician's visit the man might be in absolute want of food to stay the cravings of an empty stomach.

There is no more reason why physicians should not have their fees secured to them than bankers the notes they discount. Nor can a good reason be given why physicians should universally become the unknown and unhonored philanthropists of the world. Their profession is their working capital, obtained through years of toil and expense, and obtained almost every time for revenue purposes only.

Physicians should also bear in mind that the law calls upon and requires them to bear an equal burden of taxation with their neighbors. Therefore the law of the State should provide for their remuneration when called upon to attend the sick poor.

The meanest criminal in the jail is provided by the State with ample and competent legal counsel for defense at his trial, while the unfortunate poor in the hospitals everywhere have the most skilled medical attendance without charge. There is just as much reason for paying the doctor in the one case as the lawyer in the other.

In times past, when the clergy were poorly and insufficiently paid, it was the custom for physicians to render them and their families gratuitous professional attendance, and unfortunately the custom has been continued beyond necessity. Too often this well-intended

service has been sadly misplaced and requited with endorsements of all sorts of quackery and medicated schemes that are unworthy the credence of intelligent men.

With the growth and prosperity of this great country has come a general bettering of salaries, especially where the service rendered required educated and skilled labor. This improvement of condition should inure to the benefit of physicians as well as others. Complimentary and free lists should be narrowed down to the lowest limit. Physicians should collect for full service, and in turn promptly pay all just bills contracted, and in this way become exemplars in the affairs of business. Physicians should magnify their calling and in every honorable way hold high their standard, and in no more effectual manner can this be done than by an exhibition of self-appreciation in the roundness of fees charged for professional services rendered.

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday evening, January 20, DR. DOWLING will read a paper on "Some Practical Points Relating to the Treatment of Deafness in the Aged."

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending January 11, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Croup not Diphtheritic.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....			1				1		1		
2.....	1		1				1				
3.....			1				3				
4.....							1				
5.....					1						
6.....	1				1		2		1		
7.....							1		1		
8.....											
9.....	5						1				
10.....	2						2				
11.....							2				
12.....	2				1	1					
13.....	1						1				
14.....	1				1		1	2			
15.....	2		1				3				
16.....	1				2						
17.....			1				1				
18.....					1		1				
19.....							1				
20.....							2	1			
21.....							1				1
22.....										1	
23.....					5		1				
24.....											
25.....			1						1		
26.....							2				
27.....	1						1				
28.....	8						2	1			
29.....											
30.....					1						
Cin. Hosp.							2				
Totals.....	25		6		12	3	30	10		2	1
Last week.	19		4		30	1	26	9		4	1

The following is the mortality report
for the week ending January 11, 1890.

Croup.....	1
Cholera Morbus.....	1
Cerebro-Spinal Meningitis.....	1
Diphtheria.....	10
Enterocolitis.....	1
Typhoid Fever.....	2
Whooping Cough.....	3
Other Zymotic Diseases.....	7—26
Cancer.....	1
Phthisis Pulmonalis.....	23
Other Constitutional Diseases.....	6—30

Apoplexy.....	5
Bronchitis.....	10
Convulsions.....	4
Heart Disease.....	6
Liver Disease.....	2
Peritonitis.....	2
Pneumonia.....	15
Other Local Diseases.....	28—72
Premature Birth.....	2
Puerperal Convulsions.....	1
Other Developmental Diseases.....	2—5
Accidental.....	3
Homicidal.....	1—4

Deaths from all Causes.....	137
Annual Death-rate per 1,000.....	21.92
Deaths for corresponding week in 1888.....	99
Deaths for corresponding week in 1887.....	152

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Reports to the Ohio State Board of
Health from 32 observers for the week
ending January 10, 1890.

Form of Disease. In the order of preva- lency.	No. who re- port cases.	No. of cases reported.	REMARKS.
Bronchitis, acute.....	15	79	Infectious Dis- eases as reported to health officers in 110 cities and villages during the week ending January 10, 1890:
Diarrhœa.....	15	31	
Pneumonia.....	12	22	Diphtheria: To-
Tonsillitis.....	11	37	ledo, 15 cases, 7
Rheumatism, acute.....	8	18	deaths; Cleveland,
Remittent Fever.....	5	13	18 cases, 5 deaths;
Pleurisy.....	5	6	Akron, 1 case;
Consumption, pul.....	5	5	Youngstown 1 death;
Typho-Mal. Fever.....	4	14	Zanesville, 5 cases, 1
Diphtheria.....	4	10	death; Lancaster, 4
Intermittent Fever.....	3	7	cases; Xenia 1 case;
Cholera Morbus.....	3	5	Perrysburg, 4 cases;
Erysipelas.....	3	4	Oberlin, 1 case; Mad-
Dysentery.....	3	3	ison, 1 case; Bloom-
Measles.....	2	11	ville, 1 case; St. Ber-
Typhoid Fever.....	2	2	nard, 1 case; Utica,
Scarlet Fever.....	2	2	1 case; Wooster, 1
Whooping-Cough.....	1	4	case; Higginsport, 2
Puerperal Fever.....	0	0	cases; Chillicothe 1
Cerebro-spin. Men.....	0	0	case,
Croup, membranous.....	0	0	Scarlet Fever:
Cholera Infantum.....	0	0	Cleveland, 17 cases,
			2 deaths; Akron, 1 case; Kent, 2 cases; Youngs-
			town, 2 cases; Zanesville, 2 cases; Lancaster, 2
			cases; New Straitsville, 3 cases; Madison, 1 case;
			Oberlin, 1 case; Shawnee, 3 cases; West Cleve-
			land, 1 case; Woodsfield, 3 cases; Granville, 2
			cases; Colebrook, 3 cases; Ansonia, 2 cases; Ra-
			venna, 3 cases; Ironton, 4 cases; Massillon, 1
			case; Chillicothe, 3 cases; Wooster, 5 cases;
			Portsmouth, 5 cases; Geneva, 1 case; Mt. Vernon,
			1 case, 1 death; Urbana, 2 cases; Garrettsville, 1
			case; Millersburg, 1 case; Lima, 3 cases; Wash-
			ington C.H., 1 death.
			Typhoid Fever: Cleveland, 7 cases, 7 deaths;

Youngstown, 1 case; St. Bernard, 2 cases; Crestline, 1 case; Martin's Ferry, 7 cases, 4 deaths; New Lexington, 1 case; Cedarville, 1 case; Oak Harbor, 1 case, 1 death; Fostoria, 1 case; Clyde, 1 case; Matamoras, 1 case; Millersburg, 1 case; Delphos, 1 case; Carthage, 1 case; Laurel Tp., 1 death.

No infectious diseases reported to health officers in the following places: Middletown, Aberdeen, Springboro, South Charleston, New London, Glenville, West Mentor, Middleport, Wadsworth, Union City, Delta, Richwood, Conneaut, Cambridge, Norwalk, Painesville, West Salem, Versailles, Galion, Piqua, New Bremen, Logan, Ada, New Carlisle, Lorain, Cardington, New Richmond, Belle Centre, Camden, Bainbridge, Mechanicsburg, Jackson, Salem, Ashley, St. Paris, Gallipolis, Bucyrus, Bedford, Malinta, Savannah, Quaker City, Warren, Sidney, Rocky Ridge, Wellston, Lewisburg, Cedarville, Dalton, Glendale, and Miami and Wabash townships.

Reports of Influenza: Of 157 towns reporting, 119 note its presence.

C. O. PROBST, M.D., Secretary.

IN MEMORIAM.

F. C. SCHMUCK, M.D.

The committee appointed by the Academy of Medicine to take action on the death of Dr. F. C. Schmuck, reported as follows:

The Academy of Medicine, learning with regret of the death of Dr. F. C. Schmuck, one of its active members and former trustees,

Resolves, That in his death it has lost one of its most honored members; the medical profession and the community a man of signal worth and high integrity.

That it sincerely deplores his untimely death, in the prime of life and usefulness, and tenders its heartfelt sympathy and condolence to his bereaved family.

That these resolutions be spread upon the minutes, a copy be presented to the family of the deceased, and furnished the medical journals of the city for publication.

THOS. P. WHITE,
J. M. WITHROW,
L. J. FOGEL,
Committee.

LORETTA has sutured an ununited fracture of the neck of the femur successfully.

FOREIGN COMMENTS ON THE "LA GRIPPE."

THE ACADEMY OF MEDICINE AND THE INFLUENZA EPIDEMIC.

The last meeting of the Académie de Médecine was entirely devoted to the epidemic of influenza at Paris, and its history. M. Proust opened the subject by reading a paper on dengue fever, forwarded to the Academy by Dr. Bunn, of Beyreuth, of which the following is a *résumé*. Dengue fever, originating probably in the torrid zones, has a tendency to spread to more temperate regions; it respects neither age, constitution, or race, and in some cases attacks as many as three times the same person within a short interval. Everywhere it is remarkable for the *brusquerie* of its apparition, and by the large number of individuals affected. Millions were attacked in Hindostan in 1872. Its principal points of attack are to be found in America (South) and the countries contiguous to the Indian Ocean and the Red Sea. In conclusion, M. Proust referred to the epidemic already existing in Paris, and which some medical men had called dengue fever, alleging, with some reason, that certain symptoms witnessed characterized that affection, such as prostration, swelling and redness of the face, scarlatinous eruption, erythema of the fauces, etc., but it should be remembered that dengue fever never went beyond the 45° latitude (north), and that it was essentially a malady of summer or autumn. Further, the tongue is large and coated in dengue, contrary to what has been witnessed in the present affection, and also in the former malady sharp pains in the knees and lumbar region, with fetid sweating, are always observed. The epidemic reigning at this moment does not, however, present all the classical symptoms of *grippe*, as we are accustomed to observe in Paris, but in any case it is remarkable for its benignity, and is the same as is witnessed at St. Petersburg, Berlin, Vienna, etc.

M. Brouardel said he agreed with his learned colleague on the benign charac-

ter of the affection, and its identity with what is actually observed in the capitals of Europe. What name should be given to it? A great number of doctors seemed embarrassed on the question, and were not ready to call it *grippe*, as the pulmonary catarrhal signs were wanting. M. Brouardel thought it would be well to take up the history of influenza during the last centuries to see were the symptoms actually observed those which were formerly described. A doctor in the fifteenth century said that the affection was characterized by dyspnoea, extreme prostration, etc., and terminated on the third or fourth day, rarely later. Monro in 1762 said that the malady lasted only a few days, and very rarely terminated fatally. Berden, in 1775, said that influenza commenced by intolerable pains about the body, and that sometimes an eruption was observed on the skin. In conclusion, the speaker said that the symptoms now observed were characteristic of influenza.

M. Rochard thought that the difficulty experienced in classifying the malady arose from the ignorance of its point of origin. If it came from the north it was certainly influenza, whereas if it came from the south it was dengue fever. Having examined carefully both hypotheses, he concluded in favor of influenza.

M. Collin said that the epidemic of to-day was identical with those signalized since the thirteenth century which so often appeared almost simultaneously in all the capitals of Europe, proving thereby that it was independent of transport by human communication, crossing seas and uninhabited regions with astonishing rapidity. He would attribute it to certain atmospheric modifications produced on a large scale.

M. Dujardin thought it was best to await the complete evolution of the present epidemic before arriving at a definite conclusion as to its nature, as the symptoms varied with the persons attacked.

M. Bucquoy remarked that he had observed for the last week an epidemic of influenza which bore no resemblance with the *grippe* usually seen. In this

latter affection there was catarrh, cough and fever, while in the epidemic in question the boys complained of headache, muscular and articular pains, especially in the knees, without any symptoms in the nose or throat. The following day a scarlatinous eruption appeared on the thorax. Each day thirty were attacked, but all recovered in three days after the first symptoms. In conclusion, M. Bucquoy said that he considered they had to do with a special affection of a form and an *allure* not met usually.

M. Roy de Méricourt was astonished that the word *influenza*, which was that employed by the Germans, English, and Italians, should be found in everybody's mouth, as if the word *grippe* would not do as well! The word "influenza" frightens people, because they think they are attacked by some special malady.

M. Ollivier proposed that the public schools be closed, but M. Brouardel strongly opposed such an idea. A desultory discussion followed between several members, and the meeting rose without coming to any definite conclusion.—*Med. Press and Circular*.

THE INFLUENZA EPIDEMIC.

This epidemic during the last week has appeared in Vienna, and promises to become as virulent and intractable as in St. Petersburg. The colleges and other leading bodies of the profession are formulating diagnosis and treatment according to modern opinion, and, as might be expected during the approach of a powerful enemy, the period of suspense is not unprofitably occupied by a careful review of our pharmacopœial eclectics, which is surely voluminous enough to combat any morbid fiend or destroy any microbe. Bacteriology in this instance is not so prominent as might be expected. Efforts are already reported, but without success.

The disease has now assumed a serious aspect around St. Petersburg, as the various works and factories have been suspended, the schools closed, and other public institutions dislocated. Its

real origin is badly understood. Some attribute it to the scanty or impure supply of water that existed about the end of the summer season, while others believe in local miasmi or hygienic defects.

It may briefly be described to have taken its origin in or about Wassili-Ostrow and Kolomna, south-west of St. Petersburg, about the last week of October or the first of November, and rapidly spread north to the capital, filling the hospitals, barracks, etc., and paralyzing commerce. At this season of the year the atmosphere was unusually warm, moist, cloudy, with west winds. Within three weeks after its appearance the half of the population of St. Petersburg were rendered prostrate from its influence. Its contagion or infection is not at all satisfactorily proved. One in a family may be very ill, while all the others enjoy immunity. Again, whole families are laid down in rapid succession, and in others the half of the family may be exempted. It has no decided predilection for age or sex, although the *very old* are believed to escape its ravages. The incubation period is definitely fixed at two days, while the prodromal symptoms are but a few hours, whose description are given as prostration, headache, shivering, etc., as given in other infectious diseases. The varieties of the fever itself are divided into three groups:

1st. Those with pure nervous symptoms, as headache, pains in the limbs, neuralgic pains in trunk, as in pleuritis. The respiration and pulmonary mucous membrane normal, as well as alimentary canal. This form is the most common, and has on many occasions been diagnosed as typhoid.

2d. The catarrhal form: bronchial catarrh, sneezing, continuing several days after the fever subsides.

3d. Gastric: catarrh of the alimentary tract with persistent vomiting.

Besides these varieties, a great number of other symptoms are given, common to all, as giddiness, hyperæsthesia, etc., which soon disappear. The temperature rises rapidly to 40° or 40.5° C. (104° to 105° C.); continues at this about two days and rapidly falls. The

duration of the fever is usually three days; *seldom five or six*. Very little alteration of the spleen is observed.

Convalescence is very variable, and seems to depend more on the intensity of the attack. Many feel themselves fit for work the day after the fever has subsided, while others suffer from nervous or catarrhal symptoms for days after.

Relapse is not uncommon. *Seven* days after the patient has recovered, and seemingly quite well, shivering again commences, and the whole repeated.

Treatment.—As might be expected, the whole pharmacopœia is essayed, but quinine, antifebrin, antipyrin, and diaphoretics generally are applied.

The lay public are eager for an antidote, and as might be expected, were easily educated in the use of quinine, which is bought in large quantities at high prices. Small apothecaries where the sale of quinine was almost unknown are now selling at the rate of one pound weight a day, while other things for drinks, as dried raspberries, are not to be obtained at any price.

—*Medical Press and Circular*.

BIG FEES.

The doctors who attended the late King of Portugal during the last few weeks of his illness presented bills for their services amounting to nearly \$100,000. One of them demanded \$14,000 for ten visits, another demanded \$17,000 for fifteen, while a third thought that \$30,000 was not too much to ask for his attendance at eighteen consultations. Eventually the new King succeeded in effecting a settlement of their claims by means of a lump sum of \$60,000.—*Med. Record*.

PNEUMONIA prevails in New York City to a greater extent this season than for many years past. In the meantime the epidemic of influenza is declining.

ALCOHOLIC beverages act powerfully in inducing the attack in the present epidemic of influenza.

Miscellany.

AS OTHERS SEE US.

The editor of *The American Lancet* (Detroit) under the heading "A Hospital Epidemic," says:

It seems that from time to time there appears an uncontrollable impulse to establish medical journals, medical colleges, or hospitals. Just now the *Cincinnati Medical News* tells us that Cincinnati has been attacked by a mania for the construction of new hospitals. It mentions among these a hospital by the Episcopalians, one by the Methodists, one by the Presbyterians, a gynæcological hospital, and several children's hospitals.

As is well known, Cincinnati already possesses many magnificent hospitals. First among these is the great Cincinnati Hospital, occupying a whole square; the Good Samaritan Hospital, also a large, well-conducted institution; a large Children's Hospital; the Betts Street Hospital; the Lewis Hospital; the Homeopathic Hospital; Dr. Reamy's Female Hospital; and others. It would seem as if these institutions would be able to care for all the sick who need hospital treatment. Nor does it appear that the reverse is true. Why, then, should these new institutions be constructed? We suspect that the same motives control the promoters of these new enterprises as actuated the promoters of the old ones.

In a general way, from the professional side, it will appear that in both cases the motive was the desire for increased fame, and opportunity for amassing wealth. In the over-crowded state of the profession in Cincinnati, it appears that the old hospitals are held by a few for their own advantage and that of their colleagues. No provision having been made for the new, fresh, active element entering the profession, the latter has been compelled to make a way where it could not find one. It reasons doubtless thus: Drs. S. Y. Z. have made money and fame by organizing hospitals so-and-so. They will not

divide with us. We must have hospital service. Hence we must organize a new one. So the motive operates in every direction that holds out a prospect of success. It may be said that this is wrong; that there are too many hospitals already; that the charity-giving public is already overdrawn, etc. Why should they regard this if only they are able to organize the means of every kind to form a hospital? Why should they care if thus they secure some of the money and patients which formerly went to the old hospitals and their staffs and attachés? They simply repeat the process persistently followed by most medical schools, medical journals, etc. If a medical journal, or a medical college, or a medical man, has no right to the patronage won, why should a hospital, especially as it is well understood that, as a rule, the positions in hospitals are sought after, and held like grim death, simply because the occupants find it to their advantage thus to maintain a lead among their fellows and the laity?

But is there no way to stop this confessedly harmful multiplication of hospitals? Yes, assuredly. How? By every occupant of a hospital position: (1) Refusing all positions in other hospitals; (2) by his holding the place only for a limited term of years, until his private practice is well established, and he has so completed the scientific work he set out to perform; (3) by his resigning in favor of his younger brother. In this way the hospitals would become training-schools for the largest number of physicians and surgeons, and to a larger extent than now, the centers of more scientific study. Seeing the future afforded them a change, the younger men would not feel impelled to band together in the establishing of hospitals for themselves.

But so long as the present order of things continues, so long will the young men in the profession, unable to see any opportunity for work in existing hospitals, use their influence toward the founding of new hospitals. It is natural that the older men holding the only hospital positions should cry out against the wrong thus done, for they

forget they did the same things when they were younger, and now desire to prevent others reaching their level.

It would alter the question if the hospitals paid their medical staffs a definite salary, and forbade their private practice, requiring them to give the hospital all their time and energies. Then hospitals would be on an independent basis, and the reasons impelling the construction of new hospitals would not exist, and so the hospitals would follow the laws of supply and demand of the sick rather than the supply and demand of physicians seeking hospital positions.

AMERICAN PUBLIC HEALTH ASSOCIATION.

Dr. Benjamin Lee, Secretary of the State Board of Health, drew the following conclusions at the end of a recent paper, read by himself, upon the question, "Do the Sanitary Interests of the United States Demand the Annexation of Cuba?"

1. The exigencies of traffic and travel render rapid and constant communication between the United States and Havana a necessity.

2. Havana is one of the most notorious breeding-places of yellow fever, and is never free from its presence.

3. The only means by which the germs of this disease can be eradicated are a proper system of sewerage and drainage, which shall deliver the filth of the city at a distant point into the waters of the ocean, and the removal of all the feculent soil.

4. There is no hope that the Spanish Government will ever undertake a work of this magnitude for a dependency.

5. The introduction of yellow fever into the United States through both legitimate and illegal channels of trade must be of frequent occurrence, so long as this condition of things continues.

6. A single wide-spread epidemic of yellow fever would cost the United States more in money—to say nothing of the grief and misery it would entail—than the purchase money of Cuba.

7. The precautions against the spread of small-pox in Cuba are en-

tirely inadequate, and are rendered ineffective by reason of the superstition of a large proportion of the inhabitants. Hence, epidemics of that loathsome disease are of frequent occurrence.

8. Leprosy prevails in Havana and the island of Cuba to a serious and constantly increasing extent.

9. Leprosy is absolutely unrestricted in this island. While there is an immense and admirably administered Leper Hospital in Havana, its inmates go and come among the residents of the city and country at will, until locomotion is rendered impossible by mutilation.

10. The ravages of the disease are confined to no class or race.

11. Leprosy has already obtained a foothold in the United States, in the ports nearest to and in most constant communication with the Island of Cuba.

12. Leprosy has but one history—that of constant progression—unless it is checked by isolation of the most absolute and unrelenting character.

13. No centre of leprosy has ever originated in the United States. The importation of the first case of a series can always be distinctly traced.

Dr. Lee then proposed resolutions for the purchase of Cuba from Spain, and for suitable quarantine regulations against disease.—*Med. World.*

A BELGIAN VIEW OF MEDICAL ADVANCEMENT.

It is pretty generally conceded that too many doctors exist in all portions of the world. As the law forbids killing the surplus, other measures are suggested to remedy the difficulty. In a late issue of the London *Lancet* is given the views of the Belgian Medical Federation. This body affirms that the ranks of the profession are overcrowded because a large number of young men of no particular ability, from the artisan and lower classes, have the idea that the practice of medicine is a nice light sort of work. To stop this it is proposed to require, as a preliminary to entering upon medical study, a very complete classical education, with a good knowledge of modern languages.

Thus mediocracy would be shut off at the very beginning. It is also insisted that students of pharmacy should have the same preliminary training, because these individuals trench easily upon the field of the physician.

We think that the Belgians have hit upon the key-note of the entire question. Preliminary training needs to be increased over the entire world. Once secure the general idea that the proper study of medicine, as at present understood, is impossible, except to him who has the equivalent of the degree of A.B., and the profession would no longer be surfeited by too many members. To most medical students the new requirement would mean at least six or eight more years of hard study. Medicine then would not seem the easy, light pursuit that so many now regard it.—*American Lancet*.

TESTING THE ELECTROCUTION APPARATUS.

During the past week Harold P. Brown's instrument for execution was tested in the presence of experts, a horse and calf being the subjects. The old horse was killed first. A quantity of cotton was fastened to his head and around his right hind leg. Then the wires were attached and the current turned on. The contact of the current with the horse's body was less than half a minute. He was killed instantly. The current registered about 1000 volts. Dr. Macdonald said that this confirmed the experiment which he and Dr. Rockwell had had with a horse at Edison's laboratory last summer. The horse killed then did not struggle. In the case of the calf, Dr. Macdonald said that the current was of the same voltage as the one used on the horse. The contact on the calf was less than ten seconds. As soon as the calf fell over, Dr. Fell went to work on its body to see if animation had simply been suspended. He performed the operation of tracheotomy, opening the windpipe, and kept up an artificial respiration for half an hour, but there was no sign of returning life. The heart of the calf could not be made to beat again, and

the members of the commission were in high glee, because Dr. Fell's apparatus has been used with success in five cases upon human patients.—*Med. Record*.

THE OBJECT OF UTERINE MASSAGE.

"The manual, or, as it is also called, the massage or gymnastic treatment of disease of the female pelvic organs, as recently advanced by Thure Brandt, of Stockholm, must now be considered an established method." With this introduction, Dr. Karl Sandberg gives an interesting report of his experiments with the massage treatment upon the pregnant uterus which, he claims, were attended with extremely satisfactory results, proper precaution being taken not to bring on the labor pains by undue handling of the organ. He says that the object and effects of the treatment are:

1. To place the uterus and its appendages in a normal position.
2. To empty over-distended veins and accelerate sluggish circulation.
3. To remove all inflammatory products in the uterus itself or in the pelvis.
4. To stimulate over-distended ligaments to contraction, and remove obstacles in this direction.

—*North American Practitioner*.

AUSCULTATORY PERCUSSION.

Karl Czobos (*Gyogyaszat*, No. 42. —*Prager med. Wochenschrift*, November 27, 1889) describes a method of auscultatory percussion which he considers of especial value in the diagnosis of disease of the pulmonary apices. It is practiced by placing the ear posteriorly between the scapulae and percussing with two fingers on the anterior surface of the chest, beginning at the clavicle and percussing each side alternately. No pleximeter is used. The sound heard in this manner is entirely different from that heard in the usual manner of percussing, the pitch changing as the alveoli are filled and emptied during respiration. Over a healthy lung the tone is peculiarly resonant, of a metallic quality, and more intense in inspiration

than in expiration. If infiltration is present, the sound has a singular dull quality as of solid metal striking a hard body. An unusual amount of fat over the clavicle does not change the tone, and in patients without much fat the method can be used over the entire chest.—*Med. News.*

THE INFLUENCE OF VENTILATION ON THE MICRO-ORGANISMS FLOATING IN THE AIR.

Dr. Stern, in the *Zeitschrift für Hygiene*, discusses this important subject. It is *a priori* to be expected that the influence will depend very much on the character of the ventilation. His opinion, being founded on direct experiments, will bear a value proportionate to the known reliability of the experimenter. He found that when the air was still the germ-bearing dust rapidly fell to the ground, so that in the course of an hour and a half the air was practically free from germs. Lighter material—wool, the spores of fungus, etc.—required a longer period to settle down. The most powerful ventilation in ordinary use, that in which the air of a room is renewed three times in the hour, did not make the air more rapidly free from germs than simple settling. One more powerful is scarcely possible without creating a draught, but it becomes gradually more effective in proportion to its strength. Its action in removing germs rapidly becomes effectual when a rapidity of six or seven renewals of the air of the room per hour is reached. It was not observed that the rapid entrance of fresh air removed to any extent the germs from the floor, carpets, furniture, or clothes. Steam was not successful in producing a rapid deposit of the suspended germs, at least, not to any great extent.

—*Med. Press and Circular.*

It is reported that Dr. Briand, a physician attached to the French hospital at Villejussif, has effected remarkable cures of consumption by gradually accustoming the patients to exposure in the open air until they can sleep outdoors, regardless of weather.

THE RESUSCITATION OF PERSONS WHO HAVE STOPPED BREATHING.

With the advent of the production of artificial anæsthesia by the use of certain chemical compounds the importance of this subject necessarily became enormously increased, and no one can doubt but that the majority of cases of arrested respiration depend for their exciting cause upon some such agency. It is of the greatest importance that a clear idea of the necessities of the case be before the physician under such circumstances, and that his action be one of rapidity and clearness so far as the ultimate result is concerned. By some curious fallacy of teaching the greater part of the profession have been taught to faradize the diaphragm into contraction with the rapidly interrupted current by the application of one pole over the phrenic nerve in the neck and the other over the abdomen. It requires but little thought to show that such a method is ludicrous in the extreme, for by using such a current on any muscle we produce a condition of spasmodic contraction or tetanus. Every one knows that the diaphragm relaxed by paralysis or contracted by spasm, so long as it is immovable, is equally harmful to the patient. If any current is to be employed, let it be that which is slowly interrupted and which will alternately contract and relax this important respiratory muscle. There can be little doubt but that the rapidly interrupted current has caused persons to renew their respiratory movements, but in these cases the result has been dependent almost certainly upon the reflex excitability of the cells in the spinal cord and medulla rather than on action upon the phrenic nerve. If such an action is required, let the poles be swept over the body so as to cause peripheral irritation.

The absurdity of the application of the rapidly interrupted current to the phrenic nerve is not alone dependent upon the points we have named. It has been proved by careful observation (*University Medical Magazine*, November, 1889) that the application of the electrode over the phrenic nerve in

the neck will cause cardiac arrest through diffusion of the current to the vagus nerve, and Griswold reached conclusions of an identical character in the year 1885.

If electricity is used, it should be employed solely as a peripheral irritant, with the object of arousing the patient, as would a dash of cold water.

The question at once arises as to what is the best thing to do under such circumstances. If the arrest has occurred when the patient is under chloroform, his head should be lowered and the feet raised, almost perpendicularly. The neck should not be extended, but held in the normal position, so that the chin is somewhat shot forward and at a right angle to the body line. If the neck be extended the glottis does not open as well as when the position named is assumed. While one assistant supports the head another should use artificial respiration by Sylvester's method, and it will then be readily seen that there is an increased volume of air passing in and out of the chest. The drawing forward of the tongue is not so important as is imagined, unless it is turned with its tip toward the glottis. The use of ammonia as a rapidly acting respiratory and cardiac stimulant, when given intravenously into the leg, may be resorted to, and dashes of cold and hot water should be employed, not only for their excitation of the peripheral nerves, but also for the purpose of keeping the bodily temperature from rising above or falling below the normal line, the latter danger being the most pressing, of course. The hypodermic injection of ether is a ridiculous therapeutic attempt, for if the system and respiratory centres are so depressed by the ether taken into blood through the lungs as to have their functions in abeyance, why should we add still greater depression by injecting more of the same drug. Let everything that is done be born of sense and thoughtfulness of the exact action and result desired, and let nothing be done simply because some other person has done it, great though he may be in the practice of the healing art. Measures for the relief of persons suffering from any malady depend not upon empirical

laws, but upon the good common-sense of the physician in charge, even if the measure is a most revolutionary one in character. The sooner this is realized the sooner will better results be attained in the practice of physic, and the more thoroughly will disease and all its concomitant states be combated.

—*Med. News.*

PURE AIR IN CHURCHES.

Probably all church-goers have at one time or another experienced the irresistible tendency to drowsiness and somnolence that begins to be felt about the beginning of the sermon, and is only finally dissipated on quitting the church for the open air. Many people are inclined to assume rather hastily that pulpit oratory is to be held accountable for the creation of the soporific influences of the hour; but medical men and others who have considered the subject must be aware that, in nine cases out of ten, it is the closeness and heat of the atmosphere, and not the length of the sermon that is at fault. Because churches are, as a rule, large and roomy edifices, architects assume that ventilation is unneeded, and vicars and rectors are content to hold the same belief, although they are even greater sufferers by the foul state of the atmosphere than the congregation. Clergyman's sore throat, hoarseness, and voicelessness are directly induced by the constant and continued efforts of speech in a heated and relaxing atmosphere, and the faculties of the congregation are dulled and blunted by the same cause. Church windows are not made to open; and, even if they were, unless the entering air is directed upwards to a considerable height, it falls upon the heads of the congregation, and complaints of draughts are made to the church-wardens, which promptly secure the closing of the windows. Most churches are heated by stoves or hot-water coils, but in very few cases is there any arrangement for admitting fresh air to come into contact with the heated surfaces of pipes or stoves before passing into the church. Exhaust ventilators in the roof are practically unknown in churches; conse-

quently, the foul and heated air never escapes, and after service as the heated air cools it descends, and a fresh congregation rebreathes the used air of its predecessors. In this respect churches are even worse off than theatres, where the cubic space per head is far less, for all theatres have sunlight burners in the roof of the auditorium, which act very efficiently as exits for foul air. Although different systems commend themselves to different persons, we are inclined to advocate, in winter, the admission of fresh air warmed by contact with hot water coils beneath gratings in the floor, and numerous exhaust ventilators in the roof provided with rings of gas-jets to keep up the temperature of the escaping air. In summer fresh air should be admitted by revolving panes in the windows so as to secure an upward direction, the exhaust ventilators being also kept in action. If places of worship were adequately ventilated, "church headache" would soon become as little known as "theater headache" now is, thanks to the

regulations that the latter places of amusement are now subjected to.

—*British Med. Journal.*

THE GUINEA-WORM IN EUROPE.

The guinea-worm, or filaria medienensis, is not usually seen in northern Europe, but of course European travelers or natives of some Asiatic or African countries may bring it. A Brussels practitioner, Dr. Robinet, has recently had two patients suffering from this parasite among the members of a troupe of negroes from Accra, on the Guinea coast, who have been performing in Brussels this year. In both cases the worm was in the leg, and was removed in due time, after the cautious opening of the pustule which it produced, by the process of winding it very gently round a match.—*Med. Practitioner.*

VERY small doses of quinine suffice to cause tinnitus, just now. Like alcohol, quinine renders the person who takes it more liable to the influenza.

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Leading Articles.

TRAINING SCHOOLS FOR INEXPERIENCED NURSES.

Actuated by that pure spirit of benevolence that has ever been our inspiration for the promotion of harmony in professional circles, we are again impelled to make a few observations on the subject of "Training Schools for Inexperienced Nurses," inasmuch as a chance editorial shot fired at random seems to have hit the bull's eye and awakened the ire of a number of misguided physicians and society ladies, who deem it their duty to encourage the gentler sex in what they consider to be the higher feminine aspiration, *i.e.*, the desire to compete with man in every field of human labor. From several rather touching and high-temperated interviews with medical gentlemen, it would appear that they are indignant at what is construed to be an attack on that far-famed educational institution, the Cincinnati Hospital, whose teachers enjoy the proud distinction of being authors of note and men of medical celebrity unequalled in any other city of the country. The recognized text-books furnished by the staff of this hospital, and the scientific researches made therein, are deserving of full recognition from the outside profession, which has ever appreciated the value of their services to the grand science they so ably uphold. It is true

that some carpers may be found who claim that a public hospital supported from the general tax fund for the benefit of the poor and afflicted of humanity is in reality only a nidus about which cluster several favored medical colleges, whose brilliant professors monopolize all the appointments, and that, so far as the indigent sick are concerned, they are so much *material* created by the grace of God for the clinical instruction of students.

"Rattle his bones over the stones,

He's only a pauper whom nobody owns."

The carrying of patients, in many cases ill unto death, from ward to amphitheatre, through hall-ways and down elevators that occasionally fall and kill an unfortunate, the subjections to changes of temperature and excitement, are of course calculated, viewed from a highly scientific medical standpoint, to promote the convalescence of the broken-down working classes. We are fully aware that this statement cannot be successfully controverted by certain interested persons, who will ever continue to insist that the bodies of hospital patients, living or dead, are the exclusive property of the colleges. That the vials of their wrath will ever descend on those so unfortunate as to criticise or differ in opinion is a foregone conclusion.

The addition of a "Training School for Inexperienced Nurses" to a public institution is another boon conferred by the highly erudite staff on the diseaseracked poor who seek an asylum where

medical skill is combined with those valuable adjuncts, physical rest and mental quietude. The philanthropic ladies, who have furnished a list of prominent society names for the advancement of woman's work, could with better grace have unloaded their heavy pocket-books and founded a quiet country retreat for sick working men and women, where medicine and nursing are not taught at the public expense and the risk of the lives of the patients; a hospital in the country "mid green fields and babbling brooks:" out of the smoky air of the city, to where there is landscape and the music of the birds; where sweet Nature's ever sunny smile is seen, luring the sick with hope, even if it sometimes be but a delusion, for, as the Bard of Avon so truthfully remarks,

"The miserable have no other medicine,
But only *hope*."

Several wealthy ladies of Cincinnati have realized that the separation of hospital from the school is a real benefit to the sick, and institutions like the "Children's Hospital" deserve a full meed of professional approbation. There are other "woman's hospitals" deserving the same honorable mention, which will maintain their usefulness so long as as they owe no allegiance to college cliques.

That "Training Schools for Inexperienced Nurses" are run on a mercenary basis is a statement that cannot be successfully contradicted; instituted for the purpose of giving women employment, they are not to be placed on the plane of charity. If the Cincinnati Hospital desires to really render the sick poor a service, let them turn their female wards over to the Sisters of Charity of the various denominations, women who make nursing a part of their religion without expecting com-

pensation save in hope of a future reward not given by mortal hands. There is reason to fear that several wealthy society ladies, whose sensitive cardiac organs seem to have been cruelly agitated by a late editorial—ladies whose emotions are swayed just in proportion to the amount of modesty they evince in reading medical literature — there is reason to fear, we repeat, that female philanthropists of this type will never fully realize the benefits conferred on the sick poor of various American cities by the adding of nurse training to medical education in public hospitals. The worthy philanthropists, male and female, should pause, too, and and reflect that the noble African is neglected in all these "Training School" fads. Why are not young colored women permitted to enter the wards of their own race in the same capacity as the Caucasian does the white wards? There is no need to fully mention the mercenary motives of the whole of this work, disguised under cover of a charity. When a trained nurse graduates she is independent, and has become a woman of the world, and her services to the poor of humanity will never be required, for the poor have no money wherewith to employ a trained nurse, and nurses for the wealthy and well-to-do should not be educated at the expense of the poor under pretense of favoring the latter.

The United States are now overrun with female practitioners of the healing art, the faith-cure and mind-cure have myriads of followers, and, we understand, the wealthy female philanthropists of New York are about to establish a "*Paternity Hospital*." What new fad this may be we know not, but it is evidently an affair with which *woman's labor* has some relationship. It will probably be run in connection with

the bachelor portion of Knickerbockerville. Let us trust that we may never have a "*Paternity Hospital*" in this city: let us not add to the number of Japhets-in-Search-of-a-Father.

T. C. M.

FOREIGN COMMENTS ON THE "LA GRIPPE."

THE EPIDEMIC OF INFLUENZA.

The Progress of the Epidemic in Russia, Germany, Denmark, France, Italy, Spain, England, and other Countries.

The following notes contain a sketch, founded on the most reliable published information at present available, of the progress of the existing great epidemic:

The first cases recognized in Europe were observed in St. Petersburg about October 15, and by November 12 it seems to have spread over nearly the whole of European Russia, for we find it reported from such widely different points as Riga and Pskov, in the Baltic provinces; Wilna, on the confines of Poland; Kaluga and Moscow, in Central Russia; and Sebastopol, on the Black Sea. The number of cases in St. Petersburg alone has clearly been enormous, even if some hesitation is felt in accepting Dr. Butz's estimate of 650,000, or nearly three-fourths of the total estimated population. At present the information from Russia in Asia is too meagre to permit of the formation of a definite opinion as to whether the disease travelled from Siberia to St. Petersburg, or *vice versa*. Indeed, so far as is yet known, neither hypothesis can be maintained, for the epidemic was first noticed in Tomsk, an important commercial town of Central Siberia—separated by nearly 2,000 miles from St. Petersburg—about October 15, that is to say, at the very time when the epidemic was beginning to develop with rapidity in St. Petersburg. It appeared in the Caucasus about November 11, while at Merv, 500 miles to the east, it was so bad towards the end of December that 35 per cent. of the garrison

were reported to be laid up. At this date the epidemic was decreasing in St. Petersburg, and even in Berlin.

According to the statement recently made by Professor Leyden, influenza broke out in Berlin towards the end of November, and spread very rapidly. It prevailed very severely during the middle period of that month, and Professor Leyden estimated that a third of the inhabitants of the city were suffering from it. It began to decline by December 25. Meanwhile it had spread rapidly in central and southern Germany, and was on December 18 present in nearly every important town from Hamburg in the north to Munich in the south. It was severely felt at Frankfurt, and in Mainz the tramway service was partially suspended, owing to the large number of men on the sick list; it was present in Dresden on December 23, and had got as far south as Prague on December 27, on which day over a hundred cases were reported there. Already, however, it had reached Vienna, and although the existence of an epidemic was denied on December 11, it appears to have been practically admitted on the following day; it was present in Belgrade on December 16, and at Bucharest and Sophia on December 24.

Meanwhile the epidemic had also extended westward, making its appearance in Brussels about December 12, and in Antwerp about December 16. During the following fortnight it spread extensively in these two cities, rendering it necessary to close the schools, and seriously affecting the garrisons. It had already appeared in Amsterdam, in which city it began to decline about December 24, making its appearance, however, about this time in other Dutch cities.

In Copenhagen, also, the epidemic appears to have begun early in December, and to have attained considerable proportions: the number of cases notified in the week ending December 21 was over 6,000. It has since declined, the number notified in the week ending December 28 being about 3,000.

Cases are stated to have been observed in Paris as early as November

17, but the disease first began to assume epidemic proportions about November 26, when a large number of persons employed in the Magasins du Louvre (the "Universal Provider" of Paris) were attacked: the number of cases in this shop rapidly increased, until it reached 670 on December 10. The epidemic does not appear to have prevailed to any serious extent in the French provincial towns, but so large a number of cases occurred at Monte Carlo as to seriously interfere with the engrossing occupation of gambling.

The epidemic was first heard of south of the Pyrenees on December 12, at Malaga. On December 14 there were a few cases in Madrid, one of the earliest reported being that of the boy-King. It rapidly spread, causing much sickness among the soldiers, and by December 29 most of the Spanish provinces had become affected. It appeared in Lisbon and Oporto about the end of the third or beginning of the fourth week in December, and prevailed very extensively in both cities.

In Italy the first cases were reported from Rome on December 13. A few days later its presence in Verona was officially admitted, but denied in Rome: it has prevailed extensively in Milan, Spezia, and other towns, and a few cases were reported to have occurred in Turin and Gaeta on December 30. The epidemic, however, does not appear to have taken any hold in Rome, and it is seriously doubted whether any true cases have occurred.

In England the epidemic has not as yet attained serious proportions, and its presence has been questioned. A consideration of all the information at our disposal, however, leads to the conviction that there has been an epidemic prevalence of influenza in the West of London and in the western suburbs during the last ten days; it has, however, not spread with the rapidity observed in St. Petersburg, Berlin, Vienna and Paris. Its severity may be gauged by the statement of a correspondent practicing in Shepherd's Bush, who informs us that he had recently seen four or five new cases a day. There has certainly been no distinct epidemic of

the disease in East London, but it is stated that an outbreak has occurred this week in Dr. Barnardo's homes. There is no doubt that influenza has prevailed very extensively among horses in this country. One firm of carters in London had over one hundred horses laid up at one time about a fortnight ago, and one of the railway companies a still larger number. The epizootic, though sufficiently extensive to raise the price of cartage, has not attained the proportions sometimes observed, and has not much interfered with the efficient management of the parcel traffic which is so enormous at this period of the year.

Influenza began to become epidemic in the northern part of the United States about December 17, when cases were reported in New York and Boston. It appears to have spread with considerable rapidity, so that a large number of persons in various parts of the United States had been attacked by December 27.—*British Med. Journal*, January 4, 1890.

FEATURES OF THE RUSSIAN INFLUENZA.

Although the existence of an epidemic of dengue fever in Asia Minor during the past autumn, and certain peculiarities in the symptoms observed in some of the sufferers from the present European epidemic have caused some doubts to be expressed, further information tends to confirm the opinion we ventured a few weeks ago that the disease is really epidemic influenza. Professor Leyden in Berlin and Dr. Proust in Paris have both expressed the same view as to the nature of the malady. Epidemic influenza is a specific fever, which must not be confounded with the local affection of the nose and throat to which the term influenza is commonly applied in this country. It is important that this should be generally recognized, for epidemic influenza, though a mild disease if properly treated, may become dangerous to life if neglected. This is particularly true of the present epidemic, for observers in all countries agree that relapses are very apt to

occur. This has been noticed by our correspondents in St. Petersburg, Vienna, and Paris, and a well-known practitioner in the West End of London writes to us, with reference to the cases now and recently under his treatment: "I am convinced that it is a most dangerous disease to trifle with, owing to the relapses, which, so far as I have seen, have occurred on the eighth day. I think the public should be warned to go to bed directly they have the shivering and lumbar pain." Dr. Proust, in Paris, expresses the same opinion. In his official letter to the Minister of the Interior he warns sufferers that exposure to cold, not merely while the disease is at its height, but during convalescence, may altogether change the character of the disease. Most of the deaths which have occurred would seem to have been due to imprudence. The attack produces a good deal of anæmia and nervous depression, and any imprudence committed before complete recovery may bring on a fatal attack of pneumonia or bronchitis, which might otherwise have been avoided. The poison of influenza, having entered into the system, does not always attack the mucous membranes of the nose and chest. In some persons it is the stomach and digestive organs which are attacked, leading to violent vomiting or colic and diarrhœa; most of the cases hitherto observed in London appear to have been of this class. In other cases catarrhal symptoms of any kind are absent or very slight, but the nervous prostration which ordinarily accompanies it is present to a severe degree, the poison appearing to have specially selected the central nervous system.—*British Med. Journal*.

In Scotland the Inter-Universities Students' Committee recommends the extension of the medical course to five years, with a short preliminary course on medicine and surgery, and compulsory instruction on the eye and ear, and on operative surgery.

THE Boston Board of Health has added membranous croup to its list of contagious diseases.

Selected.

THE ADMINISTRATION OF COD-LIVER OIL.

In the administration of this drug we have some difficulty, though not so frequently as one would believe. I can not too strongly insist upon the fact that the palate of the healthy is not to be consulted in preparing doses or foods for the sick. Nor is the eye to be pleased, or the professional pride of the pharmacist to be consulted, by the production of a well-prepared emulsion. I have made it a rule to prescribe cod-liver oil for children mixed with an equal quantity of orange syrup, and with each renewal diminished the proportion of the syrup until it was omitted entirely. I do not now recollect ever to have known a child to refuse this mixture, while they rarely fail to acquire a taste for the oil itself.—WAUGH, *Dietetic Gazette*.

FCOD IN THE TREATMENT OF PULMONARY CONSUMPTION.

In phthisis there is an imperfect metabolism of carbo-hydrates. Experience shows a nitrogenous dietary to be best. Debove has shown that consumptives can assimilate a quantity of food far in excess of the needs of the healthy organism. This excessive quantity should be supplied, though resort to the stomach-tube can be reserved for special cases.

Meat, principally beef with milk, fish, eggs, leguminous vegetables and greens, should form the bulk of the dietary, with fat in large quantities; if necessary, cod-liver oil or oleaginous inunctions. Alcohol is a food in consumption; it should be combined with malt, milk, glycerin, or cod-liver oil. Not more than three, at most four, hours, except during sleep, should be allowed to elapse without taking food. Milk punch on going to bed, and a glass of wine or spirits with liquid peptonoids in case of waking during the night, are strongly urged. Hot water before meals, lavage if necessary, and the free

drinking of water, are essential. Pre-digested foods may be employed with great benefit, especially peptonized milk and beef peptonoids. In case gavage is resorted to, they should be used almost exclusively. Gavage is best preceded by lavage with an alkaline solution and chloroform water.—SOLIS-COHEN, *Dietetic Gazette*.

PEA SOUP AS A SUBSTITUTE FOR BEEF TEA.

Dr. Ris, of Switzerland, emphatically recommends pea soup as an excellent substitute for beef tea for invalids, convalescents, and especially for patients suffering from cancer of the stomach or diabetes mellitus. Take peas, water, and a sufficient amount of some vegetables suitable for soup; add 1 per cent. of carbonate of soda, and boil the whole until the peas are completely disintegrated; then let the soup stand until sedimentation is complete, and decant the fairly clear thin fluid above the deposit. The product is said to resemble a good meat soup in its taste, to be at least equally digestible, and at the same time to surpass the very best meat soup in nutritive value. The latter statement may appear surprising, but the author reminds us that peas contain a considerable portion of legumen, that is, a vegetable albumen, which is easily soluble in a faintly alkaline water, is not coagulated by heat, is easily absorbed, and equal to the albumen of eggs in its nutritiousness.

—*Med. News*.

THE "NORMAL" DIET.

According to Dr. G. Munro Smith, the daily destructive metabolism, which is the great criterion of work done, does not vary much in different occupations. Premising that he does not consider moderate over-eating injurious, he finds that very many men eat considerably more than the most liberal tables: it is not an uncommon thing for an average-sized man on very moderate work to eat twenty-five or twenty-seven ounces of chemically dry food a day. Women eat much less than men, after

making allowances for differences in weight and work. Where a man eats nineteen ounces, a woman of the same weight and of active habits eats only fourteen or fifteen ounces. On a diet from which all meat is excluded he has found that twelve or thirteen ounces *per diem* will comfortably feed a hard-working man. A moderate amount of stimulants appears to increase the average; moderately free drinking diminishes it. A diet consisting of one part of nitrogenous to seven or eight non-nitrogenous is a good combination; it is greatly exceeded on the nitrogenous side by the majority of men and women, especially the former. A diet of twelve to fourteen ounces of chemically dry food, digestible, with the ingredients in proper proportion, is sufficient to keep in good health an average-sized man on moderate work. The majority of people (in England) eat literally twice as much as this.—*Bristol Medico-Chirurgical Journal*.

ANTIFEBRIN AS A HYPNOTIC FOR CHILDREN.

Among the many hypnotics which at present are being so liberally supplied by the chemists to the medical profession, it is well not to lose sight of the value of antifebrin in certain groups of cases. Although the drug suggests more that its action is to hinder the development of febrile condition, or, when that condition exists, to lower the temperature, still in many cases in my practice it has proved a valuable hypnotic and analgesic.

Its value has been most evident in cases of broncho-pneumonia, croupous pneumonia, and bronchitis, and that more especially in cases where children have been the sufferers. The marked relief which has frequently followed its administration has in many cases been extremely gratifying. Cases of fretful insomnia of the young, possibly partially caused by pain, fever, or general *malaise*, have been speedily relieved by the drug, and from six to eight hours of refreshing sleep have been induced. After sleep the awakening was natural, there being no excitement nor confusion

of thought. There was no period of excitement observed before the drug took effect. Along with the onset of sleep there was a fall of temperature, frequently a copious perspiration, at the same time the respiratory acts were slowed and the pulse-rate diminished. In no case have any evil effects been noticed, although the success of the drug induced its employment in a large number of cases.

The need of a safe hypnotic for children, such as antifebrin seems to be, will, I think, be readily appreciated, the number of cases where it is required being unfortunately very large. It is still further enhanced as a serviceable drug for children by the fact that it is comparatively tasteless, and also by the smallness of its dose; the dose being from two to five grains, depending of course on the age of the child. A useful way of prescribing it, I have found, is to place the powder on the dorsum of the tongue either alone or mixed with a little powdered sugar. It might also be given in the form of a mixture—the drug being insoluble in a watery menstruum—suspended by the aid of mucilage and sweetened by any of the various flavoring syrups. There is yet another important advantage in hospital and general practice over many recently introduced hypnotics, in the comparative cheapness of the drug.—GORDON, *British Med. Journal*.

TREATMENT OF DIPHTHERIA.

Dr. H. L. Manchester, of Pawlet, Vt., writes that he has been accustomed for some time to make use of the vapor of bromine in the treatment of diphtheria. His method is to put some solution of bromine in a shallow dish on a high shelf, since the vapor is heavy, and thus keep it constantly in the sick-room. Since employing this he has had much better success with his cases of diphtheria than he had before. He also brushes the throat with a soft camel's hair brush dipped in tincture of the chloride of iron, and gives tincture of digitalis internally. Phenacetin and antifebrin are the agents which he prefers for reducing fever and quieting

restlessness. Dr. Manchester has never seen any reference to the use of bromine as a disinfectant in the treatment of diphtheria, and if it does the work that he thinks it does it deserves, he says, to be more widely known.—*Med. Record*.

LOCAL TREATMENT OF DIPHTHERIA.

Regarding the local treatment of diphtheria, Mr. Alfred Stanley, in the *British Med. Journal*, December 14, 1889, recommends the following most highly:

1. By means of a tube blow a portion, say half a drachm, of sulphur over as much as can be covered of the diphtheritic membrane.
2. Gargle with a solution of the sublimed sulphur, or, if preferred, with sulphurous acid mixture.
3. Inhalation of the fumes of burning sulphur.

The first means should be used twice a day, night and morning, and the two latter ones every two hours.

Mr. Stanley claims that no fungus can possibly exist under the fumes of burning sulphur, and that its action is to completely shrivel up the diphtheritic membrane, putting to death the micrococci as fast as they are formed, the membrane eventually peeling off, leaving a healthy healing surface.

WHEN TO ADMINISTER BITTER TONICS.

In the *Zeitschrift f. Klin. Med.* is published an account of 173 experiments conducted by H. Reickmann upon men, to determine the effect of the ingestion of bitter tonics upon the function of the stomach. Some of the subjects were healthy and others not. The bitter drugs used were gentian, quassia, absinthe, chronia and menyanthes. The results were practically identical with all these drugs.

In the empty stomach, no matter whether the gastric secretions were normal, increased or diminished in quantity, it was found that after the ingestion of a bitter infusion the activity of the secreting glands was diminished to

a greater degree than after the introduction into the stomach of an equal quantity of distilled water.

If the bitter infusion be taken into the stomach fasting, after the disappearance of the medicine from the stomach there is an increased secretion from the gastric glands.

Mixing a bitter infusion with the food interferes with the digestion; the mechanical activity of the stomach also seems to be interfered with by the use of the bitters.

The long-continued use of bitter tonics brought no change in the function either of the healthy or unhealthy stomach.

As the result of his experiments the author advises the administration of bitter tonics only where the secreting activity of the stomach is interfered with, and furthermore that the medicine should always be taken about half an hour before eating.

—*Northwestern Lancet.*

NEOPLASMIC MICROBES.

In a paper read by Professor Verneuil before the Académie des Sciences (*Rev. de Thérap.*, October, 1889), on the subject of the micro-organisms of the various new growths he concludes: (1) That the tissue of malignant neoplasms is liable to be invaded, at a given moment, by divers micro-organisms, of which neither the origin nor the genus is known. (2) That while the causes and the mechanisms of the invasion are unknown, when this takes place, it profoundly modifies the evolution and the nutrition of the tumors, provoking increased rapidity of growth, softening, and disintegration. (3) That these microbes are not met with in all kinds of neoplasm, nor in all neoplasms of the same kind, nor even in all points of the same neoplasm. They are not met with, for example, in lipomata, nor pure fibromata, nor in sarcomata, nor in the early stages of slow-growing cancers, covered with healthy skin, whereas they are almost invariably present in softened and ulcerating neoplasms. (4) These microbes, in addition to their irritating and pyrogenic effects on the

tissues, appear to be capable of causing intense and irregular febrile symptoms while still enclosed in a rapidly-growing tumor, beginning to break down. Moreover, if, during the ablation of a tumor containing them, they come into contact with the raw edges of the wound, they inoculate and contaminate it to the extent of often giving rise to a septicæmic fever capable of causing death. (5) That in view of this fact certain precautions are evidently incumbent on the surgeon who undertakes their removal, to prevent subsequent infection.—*London Med. Recorder.*

THE TREATMENT OF SYNCOPE.

In the treatment of syncope, the first step is to place the patient in a recumbent position flat on the back, with the head low. The clothing should be loosened around the neck and body, the access of fresh air should be permitted, and to this end persons should be kept at a distance. Diffusible stimulants, as aromatic spirits of ammonia, and brandy or whisky, should be administered; or strong ammonia may be inhaled. Cold water may be dashed in the face, the respiration being thus excited, and in turn the heart caused to beat. If recovery ensues, the heart's beat becomes more distinct, the pulse reappears at the wrist, and consciousness slowly returns. It is only in cases where the heart is too badly damaged, as where there is fatty metamorphosis of its muscular fasciculi, or its valves are badly diseased, or where too much blood is drawn off, that resuscitation fails to take place.—*TYSON, University Med. Magazine.*

THE CONTINUOUS USE OF BLUE MASS IN SMALL DOSES.

The patient was a man of large frame, about fifty-five years of age, whose occupation or habits prevented him from getting sufficient sleep, as he rose each morning by 4 or 4:30, although he did not retire until 11 p.m. Evident signs of heart-failure began to show themselves about a year ago, with dyspnoea on exertion, difficulty in

going up stairs or lifting heavy weights, increasing œdema, and albumen in the urine without casts. He had been treated in various ways, chiefly by iron in conjunction with diuretics, as acetate of ammonia or nitrate of potash. The symptoms steadily increased until the œdema invaded the trunk and genitals, and he was almost confined to his room. When he came under treatment repeated trial was made with similar remedies, but finding no good result, and that the digestive system was in fairly good condition, the following pill was ordered:

Mass. hydrargyri, pulv. digitalis, cinchonidiæ sulph., aa gr. xl. Fiat mass. et div. in pil. No. xl. Sig: One pill three times a day.

These pills were begun November 10, and were continued regularly until November 22, by which time the full number had been taken. He was also ordered to remain in bed until 7 o'clock each morning, thus securing at least eight hours' sleep. During the day he was directed to lie down for one hour.

The only appreciable action of the remedy was a steadily improving tone of cardiac action with increased secretion of urine, with diminished proportion of albumen, and progressive decrease of œdema. By November 22 all the symptoms had disappeared, urine was free from albumen, and the œdema was entirely gone. There had been no purgation and no evidence of mercurial action. The change in his appearance was extraordinary, as he seemed shrunk away, showing that the entire body had been infiltrated with serum. He felt weak, but the only remedy ordered was an ounce of whisky twice daily. Upon this he rapidly regained his strength, and now seems in very good condition and ready to return to work.

I have in some cases of general œdema, both with weak heart and with organically diseased heart, given the above combination for much longer periods than in this case, and with remarkably good results; but in other cases it becomes necessary to suspend very soon, chiefly owing to gastric disturbance. If the mouth is frequently washed with a solution of chlorate of

potash, there does not seem much danger of pytalism, but a constant close watch for this should be kept up. The remedies should always be joined with carefully regulated hygiene and diet. WILLIAM PEPPER, M.D., in *University Magazine*.

THE CONDITIONS WHICH COMPLICATE HYPERTROPHY OF THE TONSILS.

Hypertrophy of the tonsils may be congenital or acquired. It is directly associated with a scrofulous condition. The lesions of this condition are not limited to the tonsils: the bucco-pharyngeal cavity, nose, ears, larynx, trachea, and bronchi are successively involved. There is marked change in the voice, the movements of the pillars of the pharynx are limited, and the muscles which preside over these movements finally atrophy. Hypertrophy of the tonsils also predisposes to parenchymatous, follicular, and phlegmonous amygdalitis, to infectious facunar angina, and even to diphtheria. Frequent concomitants are also catarrh of the pharynx, granular pharyngitis, and various reflex neuroses. Hypertrophy of the tonsils also entails atrophic rhinitis, dry pharyngitis, and the development of adenoid vegetations in the naso-pharyngeal cavity. It would therefore appear that hypertrophied tonsils should be treated as early as possible, and not later than the fourth or fifth year. The proper treatment is removal, and to prevent the possibility of hemorrhage the extirpation should be accomplished with the galvano-cautery.

—*Archives of Pediatrics*.

SIGNIFICANCE OF ERYTHEMA.

Erythema multiforme is more and more growing in importance as a symptom or precursor of not a few grave diseases. It does not do for us now to regard an attack of it as simply due to indigestion. It has been shown that the occurrence of erythema may mark the beginning of typhoid fever, may occur as one of the symptoms of acute or chronic malarial disease, may be a man-

ifestation of a rheumatic or lithæmic state, or may even, as it were, be an abortive manifestation of any of these diseases. Our attention is again drawn to the fact by Dr. Moncorvo, of Rio de Janeiro, who, in a recent number of the *Revue Mensuelle des maladies de l'enfance*, reports two cases of erythema nodosum occurring in the course of acute malarial disease and yielding promptly to quinine.

—*N. Y. Med. Journal.*

PHOSPHORUS IN DIABETES.

Mr. Balmanno Squire has recorded (*British Med. Journal*) a case in which he observed that phosphorus given to a patient for eczema notably relieved diabetes, from which he was also suffering. The patient, a man aged sixty, who had for a long time been affected with eczema of the face, neck, and upper limbs, was brought to Mr. Squire on October 11. In addition to local remedies, "perles" of phosphorus were prescribed "for the improvement of the eczema." There was some delay in commencing the treatment, and the patient did not begin taking the phosphorus till November 1. One "perle" was then taken three times a day for three days, after which time the dose was doubled. On November 11, when Mr. Squire again saw the patient, the eczema was nearly well, and, in addition to that, very sudden and marked improvement had taken place in the diabetes. He had previously been obliged to get up four or five times in the night to pass water, but for some nights previous to his visit to Mr. Squire he had had no occasion to do so. The amount of urine passed in twenty-four hours had notably diminished, and its color, which had before been very pale, had become fairly natural. Thirst, which tormented him greatly, was no longer troublesome, and he felt altogether very much better in health. Mr. Squire is not prepared with any theory to account for the beneficial effect of the phosphorus in this case beyond the somewhat oracular suggestion that, as the undue or prolonged administration of phosphorus is capable of producing

fatty degeneration of the liver, this circumstance would seem to afford a clue to its marked action in controlling the diabetes. He also thinks it possible that the effect of the phosphorus may have been due to its action on the nervous system. It does not appear that there was any diminution in the amount of sugar passed in the urine.—*London Med. Recorder.*

PROGNOSTIC SIGNIFICANCE OF MODERATE CARDIAC HYPERTROPHY AND DILATATION.

Dr. Chas. Sheard (*Canadian Practitioner*) says:

1. A diseased valve may be restored to functional activity and leave no ill effects.
2. The diseases of the heart most liable to cause sudden death are aortic regurgitation and fatty disease.
3. That in aortic stenosis the patient has generally the longest lease of life given with any valvular disease, and may live for years after moderate hypertrophy exists.
4. That aortic obstruction and aortic regurgitation, when associated, is constituted the most grave of all cardiac lesions.
5. That lesions of the mitral valve, both obstructive and regurgitant, are slow in causing death.
6. That simple irregularities in the heart's beat may be classed with functional disorders as not showing liability to organic disease.—*American Lancet.*

METHYL CHLORIDE AS A LOCAL ANÆSTHETIC.

Dr. Ernst Feibes, in a recent number of the *Berliner klin. Wochenschrift*, draws attention to the extensive and successful use in the Paris hospitals of methyl chloride as a local anæsthetic. Methyl chloride (CH_3Cl) is a colorless, easily liquefied gas, with an odor resembling that of ether and chloroform. The readiness with which the gas liquefies adapts it for convenient use, as it can be stored in a siphon or in a bottle of any size especially constructed to conduct heat badly. It may be

applied to any surface directly from the siphon, or as a spray, but this method is objectionable, owing to the anæsthetized area not being in most cases sufficiently circumscribed. Bailly uses the following method, which he calls "stypage": Tampons composed of cotton-wool, surrounded by a layer of flock-silk and then covered with thin silk, are saturated with methyl chloride and applied to the part by means of wooden or vulcanite holders. After contact for some seconds the part gets pale and anæmic, and diminishes in sensitiveness. If the tampon be then removed there is marked reaction, shown by congestion and slight itching; but if the application be continued for a short time longer (a few seconds), the skin assumes a white, dried, parchment-like appearance. This is the time to operate. If you proceed further superficial necrosis may result. The application is sometimes succeeded by itching and an urticaria-like eruption. It is employed in all kinds of small operations—circumcision, opening abscesses, and in neuralgia, lumbago, muscular pains, gout, etc. In scraping lupus it is best applied by means of a camel's-hair brush, as special parts can then be anæsthetized with perfect precision.—*British Med. Journal*.

INFLUENCE OF MASSAGE ON THE SECRETION OF URINE.

Poloubinski has recently studied the influence of massage on diuresis, and his results, which indicate that massage of the abdominal region increases the urinary secretion, are published in the *Bulletin Général de Thérapentique*, October 15, 1889. Experiments were made upon ten individuals whose renal organs were perfectly normal. During the entire duration of these experiments the diet of these persons was precisely the same in all cases. The abdomen was subjected to massage daily, the duration of each *séance* being about half an hour. The author believes massage not only increases the quantity of urine, but also the solids, urea, and especially the nitrogen eliminated in the urine. Massage of the lumbar region had no

influence whatever upon the urinary secretion.—*Therapeutic Gazette*.

DISEASES OF THE NASAL SINUSES AND THE PASSAGE OF CEREBRO-SPINAL FLUID BY THE NOSE.

Dr. John Berg (*Nordiskt Medicinskt Archiv*, Band xx, No. 6), describes a case of the osteoma of the nasal sinus, in which trephining and removal of thirteen tumors was successfully performed. The cavity showed its greatest dilatation on the inner side, and the dura mater was exposed to a large extent. The patient recovered. During his illness of several years, on some occasions there was an abundant flow of a clear liquid from one of his nostrils, to which he attributed his headaches.

The second case, an unmarried woman, twenty-five years of age, who began to suffer about ten years before from an advancing loss of sight, as well as for a year a violent headache and a sensation of weight behind the eyes, with moderate exophthalmos, diminished smell, and at intervals an abundant flow of clear, yellow fluid from the nose. The pain diminished as long as the discharge lasted. Examination showed bilateral atrophy of the optic nerves. Scarcely any visual power was left save perception of light in both eyes. No other cerebral symptoms. The roof of the naso-pharyngeal space appeared slightly depressed. The author thought that the probable cause of the disease was a hydrops of the cavity of the sphenoid bone. He trephined the cavity by piercing the inner wall of the orbit, after having removed the right eye. A yellowish fluid issued out, which filled the orbit and showed evident pulsation. The headache disappeared immediately after the operation, and the patient's general condition improved. There was an abundant discharge during the first four months through the drainage-tube. The pain returned by degrees during the winter. The suspicion of the presence of an osteoma led the author to dilate for a little more than a year, the passage of the wound, as much

as was necessary to allow the entrance of a finger into the sphenoidal cavity. No tumor was found. The natural cavity was not enlarged in any appreciable manner. This second operation was followed by a permanent return to health, but the sight did not return.

The author remarks on the advantages of his method of operation over those proposed by Zuckerkandl and Schech. These were the possibility of permanent drainage, of effective irrigation and sufficient room for the removal of a tumor. The absence of pronounced enlargement of the sphenoidal sinus rendered a diagnosis of compression untenable. The attention of the author was directed to the peculiar morbid condition characterized by the abundant flow of an aqueous fluid from the nose, and to the slightly marked cerebral symptoms, of which the most constant was the bilateral atrophy of the optic nerve.

The author gives a short *résumé* of eleven cases which he has collected. He noticed the considerable differences in the chemical description of these cases, and gives an account of the more important theories which have been brought forward for their explanation, especially that of Leber. As in many of these cases the cerebral affections are not distinct, and as the appearance and chemical composition of the fluid was not always that of cerebro-spinal lymph, the author thinks that the supposition pronounced by Leber of a primary internal hydrocephalus as a cause of the disease is founded on the grounds of only a very few cases. Recalling the results furnished by the researches of Key and Retzius on the lymphatic channels of the nasal mucous surface, the author considers it most probable that the discharge is owing to an exudation or a rupture of the enlarged lymphatic channels, between the subarachnoid space and the nasal mucous membrane, rather than, as Leber thinks, to a cranio-nasal fistula due to an increased pressure of the cerebro-spinal fluid.

The author sums up as follows: In several of these cases the flow from the nose of cerebro-spinal fluid has been

simply owing to a communication of an abnormal enlargement of the lymph channels between the subarachnoid space and the network of the mucous membrane of the nose. The passages in the bony wall of the base of the cranium probably play an important part in these cases. It might also be supposed that the Pacchionian bodies normally found round about the cavernous sinus have gradually perforated the bone and formed the origin of the discharge. In a certain number of cases an increase of intracranial pressure has been the primary cause of an abnormal dilatation of the lymphatic communication before mentioned. This has provoked in the nasal mucous membrane a lymphatic enlargement, an exudation or a rupture. In a certain number of cases there is no reason for admitting a primary increase of the intracranial pressure. The escape of lymph in these cases depends on a disproportion between the flow of the lymph of the brain to the mucous surface of the sphenoidal or frontal sinus. We need not suppose that the cerebral symptoms which are seen in these cases and principally the bilateral atrophy of the optic nerve should depend on an increase of pressure in the skull, but they might be explained by the theory of Deutschmann, by the supposition that the inflammatory matters of the stagnant lymphatic currents in a frontal or sphenoidal sinus penetrate into the subdural and subarachnoid spaces and their ramifications which accompany the length of optic and olfactory nerves.—*London Med. Recorder.*

TOLERANCE OF OPERATIONS ON THE LIVER.

Professor Ponfik, of Breslau, has been for a number of years engaged in making experiments in regard to the relation between the liver and certain anomalies in the formation of blood. In the course of these investigations he has made some striking discoveries, which, although not directly connected with the object of his investigations, are yet of great importance. One of the most curious results of his experiments has been the discovery that the animal

functions may be conducted without serious disturbance even after the loss of a very large portion of so important an organ as the liver (*Med. and Surg. Reporter*, October 12, 1889). In some cases, operating with strict antisepsis, he succeeded in removing as much as three-fourths of the liver, either at several sittings, or in one single operation; and the animals upon which he experimented did not lose their lives, nor seem to be seriously disturbed in their health. In hundreds of experiments, in which he removed sometimes one lobe and sometimes another, the animals remained, in a considerable number of cases, perfectly well for months, and even for as long as a year. Clinical experience has already taught us that the whole of the liver is not absolutely essential to health, because large portions of this organ have been practically destroyed—as in the case of echinococcus and profound fatty infiltration—without any disturbance of the general functions of the body. But this, as Ponfick says, is hardly to be compared with the sudden and immediate removal of large portions of an organ which is supposed to be so important to health. The explanation of this curious fact seems to be that the liver has a wonderful power of reproduction. Ponfick found that, within a few days after the removal of portions of the liver, the work of its reproduction began, and that it proceeded with great rapidity to completion. In certain cases, he found that within a period of a few weeks as much was reproduced as had been removed; that is, twice as much as had been left behind. These investigations have an interest altogether outside of that which is scientific, because it cannot fail to influence the development of abdominal surgery, if it is understood that large portions of the liver may be removed without serious danger to life.

ERASION OF THE KNEE-JOINT.

The question of erosion as against resection of joints in tuberculous affections is at present much discussed in the surgical world. A recent debate on

the subject in the surgical section of the Royal Academy of Medicine in Ireland revealed a considerable divergence of opinion on the matter among experienced surgeons. Dr. Eulogio Cervera y Ruiz, director of the Encinas Institute at Madrid, has recently made a contribution to the controversy (*Revista de los Hospitales*, December, 1889), a brief abstract of which may be of some interest. He relates four cases, three of children and one of a young adult, in which he performed erosion of the knee-joint with gratifying success. He begins by stating that in his experience tubercular disease of joints, especially of the knee, has its starting point in the synovial membrane much oftener than is generally supposed. To the objection that erosion may leave a tubercular focus in the substance of the epiphysis, he replies that the same thing may happen in resection. To guard against this danger, he in all cases, after having removed the synovial membrane, thrusts a strong, slender drill into the substance of the epiphyses in different directions; the greater or less resistance which the instrument meets with in its passage through the bony tissue enables him to judge whether there is a tubercular focus or not. If no softened point is discovered nothing further is done, and the exploration does no harm; but if there seems to be any ground for suspicion as to the condition of the bone, resection is performed. The first case was that of a young man, aged twenty-two, whose left knee had troubled him for three years. Milder measures having failed, erosion was performed in June, 1888. In two months recovery was complete, and the patient is now "in perfect health, general and local. He has a useful limb, of normal shape and length, with the movements of extension and flexion almost complete, and he walks without crutches without any trouble whatever." In the second case the patient was a boy, aged eighteen months, who was wasted almost to the point of exhaustion by septic fever and enteritis, kept up by tuberculous synovitis of the left knee. The upper pouch of the membrane was distended into a large tuberculous abscess, extending

under the triceps femoris. Dr. Cervera y Ruiz operated in April of the present year, removing the whole of the synovial membrane and the wall of the subtricipital abscess—a proceeding which obliged him to dissect up nearly the whole of that muscle. In two months the wound had healed without suppuration, and the child was quite well, fat, and lively, with a useful limb, “of the same length and with the same movements of extension and flexion as the other.” The third case was that of a girl, aged eleven years, whose knee had been diseased for three years, during which various kinds of treatment were tried to no purpose. Arthrectomy was performed in July, 1889. In seventy days cure was complete, the child having a useful limb without the slightest shortening, and being able to walk without crutches. The movements of the joint are, however, somewhat deficient, and massage is being employed to restore them. The fourth case was that of a boy aged ten years, and was in all respects almost identical with the last one. Except in the first of these cases, Dr. Cervera y Ruiz opened the joint by a transverse incision, sawing through the patella, the two parts of which were afterwards brought together with sutures. The Spanish surgeon, while removing the synovial membrane in its entirety, a proceeding which requires great patience, spares the ligaments when they are not actually diseased; this, in his opinion, contributes powerfully to the usefulness of the limb, whether the joint becomes ankylosed or not. Dr. Cervera y Ruiz, whilst advising that such affections should at first be treated by milder measures, emphasizes the necessity of not losing too much time in this way; if a notable improvement is not observed in a few months recourse should be had to arthrectomy.—*London Med. Recorder.*

TREPHINING FOR GENERAL PARALYSIS OF THE INSANE.

Paralytic dementia has long been known as a hopeless and invariably fatal disease. When seen in the early stages, the prognosis is, as a rule, death

in from two to five years, although in exceptional cases these extremes may be exceeded. In the earliest stages there are characteristic bulbar symptoms, together with psychic exaltation and a beginning dissolution of the higher mental processes. The pathological anatomy of the affection is shown chiefly in the cortex, and particularly in its upper layers. There is, probably, an irritative lesion which gives rise to gradual cortical atrophy, with disappearance of the tangential fibres. Subsequently there are pressure symptoms from the presence of fluid. Remedies of any sort, even in cases presumed to have a syphilitic foundation, have proved thus far unavailing. It would seem, therefore, that any measure which offered even a remote possibility of altering the morbid process for the better was justifiable, at least from an experimental standpoint. Actuated by such considerations and by the progress of modern cerebral surgery, Dr. T. Clay Shaw, lecturer on psychological medicine at St. Bartholomew's Hospital, London, had the simple operation of trephining performed in a case presenting early symptoms of general paresis. Dr. Ferrier was called in consultation, and agreed that the case was one rapidly approaching dementia of the paralytic form, and coincided in the recommendation of an operative procedure.

The history of the patient is briefly as follows: W. H., admitted November 14, 1888, a packer, was in an excited, grandiose mental state. His delusions were described in the medical certificate as expansive in nature, and he was evidently in an elevated and happy frame of mind altogether out of proportion to the gravity of his condition. The speech was affected, the reflexes were exaggerated, the gait was very unsteady, and the urine was retained. It seemed probable that he was suffering from a bulbar lesion which was extending to the superficial parts of the brain. From time to time he had convulsive attacks and short periods of loss of sensation, chiefly in the left extremities, and his powers of deglutition and talking became more and more impaired, and he seemed to be rapidly becoming

demented. On July 28 he was trephined over the right central gyri, about two inches from the median line, the operation being performed, under strictly antiseptic precautions, by Mr. Harrison Cripps and Mr. Bruce Clarke. Two holes were made with the trephine and the intermediate bone was removed, leaving an opening about an inch and a half by three-quarters of an inch. The dura mater was partly cut away to allow the escape of considerable fluid. Healing was complete on the tenth day, so that the patient could sit up out of bed, and the temperature at no time exceeded 99.5°. There have been no cerebral symptoms since the operation except a slight tingling in the fingers of the left hand on August 9 and 15.

The result is improvement in every respect, even as regards the bulbar symptoms. He swallows more easily, and his utterance is more distinct. He has had no further epileptoid attacks and is free from headache. But it is his mental condition which has been most markedly benefited. Dr. Clifford Albutt, who has seen the patient since, pronounces him sane, and Dr. Shaw, in his account of the experiment in the *British Medical Journal* of November 16, 1889, announces his intention of discharging the patient as no longer insane.

The author explains the object of the procedure as an attempt to modify the metabolic processes going on in the cortex, and also to relieve tension, the latter very frequently giving rise in the early periods to characteristic headaches. Trephining would seem to be a more certain way of relieving pressure than depletion by purgatives or medicines intended for the lowering of vascular tension. He speaks of the value of nerve-stretching and cord-stretching in certain disorders, and perceives an analogy in the way of brain-stretching in his operation, which permits that organ to expand. We think it is as yet too early to regard this one case as very successful. Remissions of many months and even years are frequent in general paralysis. In this case but four months have elapsed since the surgical interference, and, furthermore, the remission

may be a mere coincidence, or it may be an actual relief, temporary in its nature, of the more serious symptoms. We shall await with interest the outcome of this case. If so insidious and thus far irremediable a disease can be cured, or even if a remission of indefinite duration can be brought about by trephining the skull, a new way will dawn upon the darkness of asylum life. At the same time it will be wisest to hasten slowly, to observe for a longer period the results in this one patient, to await the further experiments of this character which the instigator purposes to undertake, and not blindly to begin a wholesale mutilation of patients with paralytic dementia in our asylums before surgical treatment has proved to be of certain value as a therapeutic measure.—*N. Y. Med. Journal*.

SYPHILIS AND MALIGNANT DISEASE.

Dr. Eduardo Conte gives (*Il Progresso Medico*, December 1, 1889), some striking illustrations of the difficulties which often surround the diagnosis of syphilitic formations from cancerous and other malignant neoplasms. Though the subject is well worn, it is one of perennial interest to surgeons, as every one who has ever followed the practice of a hospital even for a few months must have known cases in which swelling or ulceration due to syphilis has been mistaken for cancer, with the result, possibly, that some organ (mostly the tongue) has been removed or mutilated without necessity. The opposite mistake is perhaps still more common, and under the plea of "giving the patient a chance," malignant disease is allowed to run on whilst precious time is lost in futile anti-venereal medication. Under these circumstances, as Mr. Butlin well puts it, the "chance" is given, not to the patient, but to the disease. Dr. Conte's first case was of syphilitic disease of the lower lip in a married lady, aged thirty-four, with two healthy children. She noticed a pimple on her lip, which, after some time, broke, the ulcer discharging a thin, purulent secretion, and showing a marked tendency

to spread. It was repeatedly cauterized without effect, and the sub-maxillary glands became much enlarged. In the absence of any history or evidence of syphilis, the case was diagnosed as one of epithelioma, and the patient was urged to have the tumor excised. Dr. Conte, however, considering that the tumor was softer in the middle than elsewhere, and taking into account the brownish-red color of the ulcer, the thin purulent discharge, the absence of hemorrhage, together with the painlessness of the swollen glands, came to the conclusion that it was syphilitic, and treated it with iodoform, which effected a cure. Subsequently condylomata appeared about the anus and vulva, with a syphilitic rash about the body and enlarged glands in the neck and groin. The infection was traced to smoking cigarettes which a young man with mucous patches in his mouth used to light for the patient "out of gallantry." In another case an officer of the Italian Navy, aged forty-five, had an ulcer on the scrotum, which was diagnosed as malignant. The ulcer, which was on the right side of the scrotum, was circular in form, measured one centimeter in diameter, and had raised edges. There was a thin discharge, and the surrounding tissues were thickened; not far from the ulcer there was another one about half as large. The inguinal glands were enlarged. No history of venereal disease beyond a gonorrhœa in early youth could be obtained. Dr. Conte, nevertheless, diagnosed the case as one of subcutaneous gummatous nodules. Iodide of sodium was given internally; cotton-wool soaked in a 1 in 1,000 solution of corrosive sublimate was applied to the ulcers, and the same preparation was injected hypodermically to the amount of one centigramme a day, the patient, who would not listen to any hint that the disease was syphilitic, being led to suppose that it was morphia that was injected for the relief of nocturnal headache, of which he complained. Complete cure followed this treatment. The third case was one of enlargement and induration of the testicle, with infiltration of the surrounding skin and spreading ulceration.

The patient denied all history of syphilis, although he admitted having had gonorrhœa, and the disease was diagnosed as malignant by several experienced surgeons, who advised castration. From the clinical aspects of the case, however, Dr. Conte was led to treat the disease on anti-syphilitic lines, and this resulted in complete success. A fourth case is related, in which a gummatous infiltration of the parotid gland was diagnosed as an adeno-sarcoma by several eminent surgeons. In this case, however, there was a clear history of syphilis. The case was, nevertheless, one of very unusual difficulty on account of the severity of the ulceration, and the occurrence of profuse hemorrhages, which more than once placed the patient's life in jeopardy.—*London Med. Recorder.*

PERFORATING ULCER OF THE DUODENUM.

This affliction occurs much more frequently in females than males, and often gives rise to the suspicion of poisoning. For these reasons Zacchi (*Lo Sperimentale*, September, 1888), has put the following case on record: The patient was a robust, muscular, well-developed man, a forester by occupation. He had never suffered from any illness, but was slightly anæmic. He became involved in some *émeute*, and, with several others, found himself in prison, though a steady, respectable man. The author, who was the prison surgeon, saw him occasionally, and on the morning of April 29 the patient complained of having had pain in the region of the stomach for several days. The pain was getting worse, and he completely lost his appetite. He appeared pale and a little feverish, and was sent to the infirmary and put on strict diet. As medicine he had some laudanum in a little aromatic water. In the evening he felt better, but his temperature was 102.2°. The same night the pain suddenly became violent, making the patient constantly groan and roll about. He vomited some greenish fluid mixed with curdled milk, and afterwards some fecal-looking mat-

ter. He was ordered cold applications to the abdomen and hypodermic injection of morphia. Next day the abdomen was retracted, the walls rigid, and somewhat wanting in resonance on percussion. He had a scanty movement of the bowels, passed a very small quantity of urine, and still complained of violent pain in the abdomen, especially on the right side, but had now a normal temperature. About midday he vomited a considerable quantity of blood. Shortly afterwards he became comatose, and died about 2 p.m.—that is, less than thirty hours after the first complaint of pain, and less than sixteen hours after the onset of acute symptoms. The localization of the pain at first in the right half of the epigastrium was noteworthy. At the necropsy a circular, sharply cut ulcer, the size of a sixpence, was found in the first part of the duodenum, close to the pylorus, and on the anterior surface. There was slight general peritonitis, and an abundance of bloody fluid in the abdominal cavity. In the stomach there were a few ounces of liquid blood and a well-marked excoriation. The resemblance to irritant poisoning was great, but the position of the patient made that impossible. The author, who had seen much of cholera during the epidemics of 1886, was struck with the remarkable resemblance to the collapse stage of cholera.—*London Med. Recorder*.

THE BLOOD IN PHTHISIS AND CANCER.

Dr. G. Neubert has examined the blood in twenty-four cases of phthisis at various stages, and found that in nine the number of corpuscles was normal, in three it was above, and in twelve more or less below the average (*Lancet*). On the whole, there was an average diminution of about 8 per cent. The increase noted in three cases might perhaps be attributed to profuse night-sweats. The hæmoglobin showed a reduction to 73 per cent. in the females and 85 per cent. in the males. There was no notable change in the number of leucocytes, but it was observed that multi-nucleated forms pre-

dominated. In five cases of cancer of the œsophagus and four of cancer of the stomach there was an invariable diminution in the number of red corpuscles, and also notably of hæmoglobin. It is inferred that the hæmoglobin, being the more "sensitive" element of red corpuscles, is more profoundly affected in cachexia than the stroma of the corpuscles. A distinction was made between the anæmic and marasmic types of cancer, the latter exhibiting an average reduction of 13 per cent. of corpuscles, while the hæmoglobin fell to 87 per cent. of the normal; the former showing a corpuscular reduction of 35 per cent.; while the hæmoglobin was as much as 70 per cent.

TREATMENT OF ERYSIPELAS OF THE FACE.

An account is given by Senores D. E. Ganado and D. G. Durán (*Revista Clínica de los Hospitales*, No. 12), of a method of treatment which has proved highly successful in the hands of Dr. Huertas, of Madrid, in the treatment of erysipelas of the face. It consists of painting over the inflamed part with 1 in 1,000 sublimate solution, followed by the application of a covering of carbolized cotton-wool; this is done twice in the twenty-four hours. In twenty cases thus treated the spread of the inflammatory process was at once checked, the zone of redness being at once checked in its extension and remaining exactly as it was when the case came under treatment, and the disease entering on the desquamative stage on the second or third day. The authors claim that by this method the length both of the disease and of the period of convalescence was notably diminished, and that the complications frequently accompanying erysipelas were avoided. Constitutional treatment was at the same time not neglected, the *primæ viæ* being kept clear and tonics freely given. In the way of internal medication, however, most reliance seems to have been placed on the administration of Van Swieten's "liquor," a solution of corrosive sublimate in alcohol much used on the Continent. Even in cases which

were admitted so late as the third or fourth day of the disease, the temperature was reduced and the local condition speedily improved by this treatment.—*London Med. Recorder.*

SALOL IN GONORRHEA.

Dr. Dreyfous, of Paris, advocates the treatment of gonorrhœa with large doses of salol. Dr. Dreyfous has tested the effect of salol administered alone, and in other instances he has given it simultaneously with copaiba and cubebs in order to hasten the cure. He recommends the use of salol to surgeons who operate on the urinary organs; it renders urine aseptic, which is thus innocuous when in contact with raw surfaces.—*British Med. Journal.*

ZOSTER AS AN INFECTIOUS DISEASE.

During the past few years several European physicians have been ranging themselves as advocates of the infectious nature of zoster, and have pointed out what they regarded as epidemics of that disease. In 1884 Gerne drew attention to the analogy between zoster and the eruptive fevers, and declared that he regarded it as a constitutional disease. During the present year Weigert, Gauthier, Kaposi, and Unna through his student Török, have said that the disease is contagious and occurs in epidemics. Weigert would explain it upon the theory that it is due to an unknown organism acting from without, while Gauthier's, Kaposi's, and Unna's equally unknown organism acts from within. Gauthier's great unknown, as treated of by him in the *Lyon Médical*, has an elective affinity for the ganglia. We may, perhaps, assume that there are micro-organisms having an affinity for the pharyngeal mucous membrane in diphtheria, but to believe in a like affinity for ganglia is not so easy. It would seem that we must then believe in one set of unknown organisms having an affinity for one ganglion, and another set for another ganglia, and so on. Now, all these speculations are interesting, and the search for micro-organ-

isms is fascinating, no doubt. It is somewhat like fishing to the devotee of that pastime. You have the sport whether you catch anything or not. But up to the present time our old answers to the question, "What causes zoster?" are satisfactory enough, and until more proof appears in support of its infectious nature, we had better not hasten to be "off with the old love" and "on with the new."

—*N. Y. Med. Journal.*

MORBID HISTOLOGY OF THE NERVOUS SYSTEM IN CHRONIC ALCOHOLISM.

Dr. Atkins believes it is now admitted that the long-continued excessive use of alcohol produces demonstrable structural changes, though there is not agreement as to the manner in which these changes are induced. Unquestionably grave functional disturbances are the result of intemperance, which apparently have left no remnants in the shape of pathological findings; but this cannot be taken as evidence that alcohol is incapable of producing appreciable changes in structure. As with other poisons, some individuals can resist the effects of alcohol better than others, but with the majority it is not so. Destructive changes are produced, so complicated with others from different causes, as to render it difficult to discriminate between cause and effect. Syphilitic conditions of the nervous system are frequently characterized by changes similar to those found in chronic alcoholism. Dr. Atkins had an opportunity of demonstrating the histological changes in brain-structure in a male patient, with good heredity, who, after ten years' habitual intemperance, died at thirty. After several attacks of delirium tremens, melancholia, dementia and epileptic convulsions set in. Nuclei, occasionally aggregated into foci, were present in the brain substance. In some cases there were also atrophic alterations in the motor cells of the spinal cord. The atrophy was due, not directly to alcohol, but to the prolonged inertia from the physical and mental breakdown. These changes

were more frequently met with in the brain of chronic inebriates than in those who succumbed to acute alcoholic affections.—*London Med. Recorder*.

CONTAGIOUSNESS OF PNEUMONIA.

Netler (*Arch. Gen. de Med.*), has a long article reviewing the epidemics of pneumonia which have been recorded, and adds a few other instances which have come within his own experience. His conclusions are:

1. Pneumonia is a contagious disease of parasitic origin, and is transmissible either directly or by the intervention of a third person, or by inanimate objects, such as wearing apparel, etc.

2. The pneumococci are not destroyed by desiccation, and are diffusible through the air, but not to great distances—at most the interval between three hospital beds. They maintain their virulence for a period which has not yet been definitely determined, but probably never more than three years.

3. Contagion is possible during the entire course of the disease and even after recovery.

4. The period of incubation averages from five to seven days, but may vary between one and twenty.

5. Patients who have passed through a pneumonia are dangerous both to themselves and their neighbors as living micrococci may be found in their saliva many years after. Thence in part the epidemic appearance of the disease in certain families during long periods, and also its frequent recurrence in certain individuals who have once survived it.

6. Rigid quarantine of the patients seems unnecessary, but other patients and healthy persons should not be brought into too intimate relations with them. The sick room must be kept well ventilated and clean, the sputum disinfected, and the cocci lurking in the mouth destroyed so far as possible.

—*Canadian Med. Journal*.

FOWLER'S SOLUTION.

Dr. G. Kassner (*Deutsche med. Wochenschrift*) says that in alkaline solutions

of arsenious acid in the course of time a part of the arsenious acid is oxidized to arsenic acid. In the observation of Kassner, in eight weeks 4 per cent. of the arsenious present had oxidized to arsenic acid. The presence of a large amount of alkali favors the change. Hence it follows that to avoid mistakes one should never keep a solution of arsenious acid for any length of time, and that the quantitative analysis of older solutions only could be determined after previous treatment with-sulphurous acid.—*Journal of Cutaneous and Venereal Diseases*.

CASTOR OIL AND CHOCOLATE TABLETS.

Dr. Girard (*Journal de Medicine de Paris*) prescribes castor oil to children in cocoa tablets, which are said to be palatable and readily taken. The following is his formula:

Powdered cocoa,	parts, 50.
Pulverized sugar,	" 100.
Castor oil,	" 50.

Vanilla in sufficient quantity to flavor.

This can be made into pastils of which four or five will purge a child.—*Med. News*.

TYPHOID BACILLUS IN THE SOIL.

An investigation was undertaken by Graucher and Deschamps (*Arch. de Méd. Expér.*, January, 1889), with the view of discovering what happens to typhoid bacilli when thrown upon the ground. The experiments were performed in cylinders 2.40 m. in height and 17.0 c. m. in diameter, which were filled with earth. Typhoid bacillus cultures were deposited on the surface of the earth in each tube, followed by gentle irrigation with sterilized water. As a result of their observations the authors conclude: (1) That the bacillus does not filter through the soil with the water of irrigation, but that (2) it stops at a depth of forty to fifty c.m.; (3) it lives in the soil in the midst of all the numerous and varied organisms which it contains for five and a half months after its sowing; (4) it does not penetrate into the substance of healthy peas.—*London Med. Recorder*.

MENSTRUATION AND PSEUDO-MENSTRUATION AFTER DOUBLE OVARIOTOMY AND REMOVAL OF THE UTERINE APPENDAGES.

One of the most interesting phenomena which sometimes follows double ovariectomy, or removal of the uterine appendages, is the persistence of menstruation, or a more or less periodical metro-stasis. This is usually utterly unexpected to the patient, and may cause her to lose some of her faith in medicine as a science, or in the operator as a successful practitioner. The phenomenon is also of interest to the physician because of the physiological and pathological questions involved. That the occurrence is not very rare may be seen from the fact that statistics seem to show that from 5 to 10 per cent. of women who have submitted to double ovariectomy, or the removal of the uterine appendages, afterward go through the phenomena of menstruation or pseudo-menstruation. Wylie gives 10 per cent. as the number; Battey four cases out of fifty-four.

As to the causes of this persistent bleeding there is a general agreement among operators; and it is attributed either to leaving behind some portion of ovarian tissue, or to certain diseased conditions in the pelvic peritoneum, blood-vessels, and connective tissues, or to disease of the uterus. Theoretically it is possible always to remove the uterine appendages entire, but in practice it is at times exceedingly difficult. Even though the ovary is freed sufficiently to pass the ligature below it, it is sometimes necessary to "scalp" the ovary to leave a stump sufficiently good to prevent the ligature from slipping. Also in enucleating ovaries densely adherent to the floor of the pelvis, the ovarian tissue is at times torn, and portions are left behind. Besides this, ovarian tissue may remain in the form of supernumerary ovaries, which exist with sufficient frequency to require consideration.

Menstruation may or may not continue when ovarian tissue is left—this depending largely on the nature of the blood-supply to the ovarian tissue.

Hegar states that incomplete extirpation of the ovaries and the presence of a third ovary are less frequently the cause of recurring hemorrhages following operation than is generally believed. A greater influence is exerted by vascular dilatations, stasis, and hyperæmia of the pelvis, such as are often present before operation or may develop later. More pronounced pathological processes, such as inflammation of the pedicle, ligaments, other parts of the pelvic peritoneum and connective tissue, and tuberculosis, produce periodical or irregular hemorrhages, partly by a direct influence on the circulation, partly by nervous agency. Olshausen agrees, substantially, with this view, but considers that the most frequent cause of pseudo-menstruation after operation is the persistence of pelvic inflammation, especially if more acute inflammation or abscesses develop.

Persistent uterine hemorrhage is at times due to uterine disease, such as adenoid growths in the endometrium, fibroid tumors,—especially of the submucous variety—polypi, or malignant degeneration.

Several practical conclusions are to be drawn from these well-ascertained facts. As it is by no means positive that the complete menopause will be established after double ovariectomy, or the removal of the uterine appendages, patients undergoing such operations—or certainly near friends of the patients—should be told so plainly. Under existing circumstances the operator should feel only relatively disappointed when a complete menopause does not result after the double operation; and should set himself diligently to work to cure the particular morbid condition which is causing pelvic and uterine congestion. In the exceptional cases, in which the ovaries have not been entirely removed, or in which supernumerary ovaries exist, and true menstruation continues, a second operation and excision of the remaining ovarian tissue may be necessary. Also, when infection of the pedicle causes abscess about the ligature, it may be necessary to evacuate the pus and remove the ligature by secondary abdominal sec-

tion. More commonly, in cases which have been drained, pus is discharged through the drainage-track until the ligature comes away or is removed. Pus formation about the ligature does not occur so frequently in cases which have not been drained, largely for the reason that death is likely to take place in these cases, from sepsis or peritonitis, before abscess results. Where the recurring metro-stasis is due to uterine disease, thorough curetting of the endometrium may suffice to cure it. When malignant degeneration of the womb exists, hysterectomy or exsection of the degenerated tissues is indicated. —*Med. and Surg. Reporter.*

ABSORBENT POWER OF THE BLADDER.

Dr. Tricomi maintains that in a bladder where the mucous surface is healthy, absorption takes place readily in hypodermic injection with strychnine, prussic acid, chloroform, and sulphureted hydrogen, but it is less rapid with cantharidine, corrosive sublimate, carbolic acid, morphia, and cocaine. Where the epithelium is altered absorption is not altered in the case of the first-named class of medicines, while the second-named class is absorbed even more slowly than in the healthy bladder, and the injection of micro-organisms was followed by toxic effects very readily. Finally, where suppuration is going on in the bladder absorption of gaseous substances is rapid.—*London Med. Recorder.*

ACTION OF SALICYLATES ON THE UTERUS.

The action of the salicylates upon the uterus has been studied by Wacker (*Cent. f. Gyn.*, 39), who made the surprising discovery that they possess the power of contracting the uterus and producing metrorrhagic and anti-dysmenorrhœic effects. In two cases of pregnant rheumatics, in the second and fourth months, a dose of forty-five grains *ter die* produced abortion. In six rheumatics during child-bed the same dose increased the lochia in each

case, and reinstated it in one on the twenty-eighth day. In one case the hemorrhage produced by it proved fatal. In five cases in which it was given shortly after the menstrual period, the flow returned. In thirty-three cases of dysmenorrhœa and suppressed lochia, nineteen were favorably influenced.

These results are in accord with those of Labadie Lagrave, Britt, Bucquoy, Sabatowsky, and Ballette. The fever can not be regarded in these cases as the cause of the abortion, because it never exceeded 39.3°, and never reached the temperature of 40–41° C., which, according to Kuminsky, Winckel, and Runge, kills the fœtus. It is probably the hemorrhagic effect of the salicylates, which has been observed in the ear and eyes, which produces the congestion and hemorrhage in the mucous lining of the uterus.—*Times and Register.*

AN INJECTION FOR UTERINE CANCER.

DR. CHERON (*L'Union Médicale*, No. 114, 1889), recommends the following injection in cases of uterine cancer, with a fetid discharge: R Salicylate of sodium, 20 parts; salicylic acid, 1 part; tincture of eucalyptus, 45 parts; distilled vinegar, 300 parts. From one to five tablespoonfuls to be added to a pint of water, and used as a douche several times a day.—*Med. Record.*

TO ARREST VOMITING DURING PREGNANCY.

R—Cerri oxalat;
Ipecacuanhæ, . . aa gr. j;
Creasoti, . . . gtt. ij.—M.
Sig: To be taken every hour.
—*Med. Summary.*

THE American Medical Association of Vienna is the name of an organization founded with the object of looking after the interests of British and American medical students who go to Vienna to study. The Rev. Francis Gordon is Secretary.

REDUCED rates are *only* for those who pay *in advance*.

THE WORK ALREADY DONE IN THE DIRECTION OF STANDARDIZING FLUID PREPARATIONS.

The first and most notable advance made in the direction of supplying standardized preparations not open to the dangers of the existing pharmacopœial processes for fluid extracts, was by Messrs. Parke, Davis & Co., who introduced, in 1883, a class of assayed preparations which were entitled Normal Liquids. The standard decided upon for these fluids was the result of long experience in the collection, purchase, examination, and analysis of crude drugs with a determination of the amount and character of their active principles. The reliability of normal liquids soon led to their large consumption, and the medical profession have evinced their preference for them to such an extent as to make them now an established and popular method of exhibiting the toxic and narcotic drugs.

Normal liquids may be defined to be concentrated tinctures, the methods of manufacture of which serve as models for imitation. They represent more closely than fluid extracts made by the present pharmacopœial methods the average standard-strength crude drugs. The simplest explanation of their nature would probably be to regard them as fluid extracts adjusted by assay to a fixed standard of strength which makes them absolutely uniform in composition and therapeutic action.

The favor with which normal liquids, and assayed products generally, have been received by representative men of the medical profession, has led us to believe that the best interests of pharmacy will not be served unless these or like preparations are officially recognized. For concentrated tinctures of a definite strength the name "normal liquids" appears to be happily chosen, as it implies a definite standard of strength. The list should embrace preparations of the more potent crude drugs, one ccm. representing one gramme of drug of standard strength.

It does not seem to us from a careful review of all efforts made in this direction that any have met with equal

acceptance, or merit as much appreciation. Whatever may prove to be the decision of the Committee as to making such assayed preparations official, there can never be any question as to whom the honor of their actual practical introduction is due.

As the time approaches when the revision is to take place (and in the minds of thinking men the standardization of fluid extracts is now an accepted fact), there will no doubt be many competitors for this honor who may claim, by reason of a mushroom-like growth in the field of this new departure, official recognition for scientific work.

It will be necessary on the part of the Committee of Revision, therefore, to carefully investigate the claims in this direction, and when awarding the credit for such work to see that they do not place the laurels upon the wrong brow.

Unsupported and disinterested scientific labor, no matter from what source, should always be welcomed with the endorsement of scientific men, and we sincerely trust that the efforts made in this direction by those deserving it will receive full appreciation at the hands of the compilers of the forthcoming Pharmacopœia.

—*Medical Age.*

THE COMING REVISION OF THE U. S. PHARMACOPŒIA.

The great mass of the profession is scarcely yet awake to the important work which lies before it, in conjunction with the skill and scientific attainments of the pharmacist, in the decennial revision of the U. S. Pharmacopœia. But a few weeks will elapse before the Convention will meet in Washington.

Ten years have now passed, and another revision of the Pharmacopœia has become one of the necessities of the times. We hope, in succeeding issues, to allude to several interesting matters which concern both physician and pharmacist in the furtherance of this work. It is a time when the suggestions of the physician should be well received and properly considered, and when the

pharmacist should do all in his power to render the Pharmacopœia valuable and useful to the physician. In other words, they should act harmoniously together. Many interesting questions must arise as to the introduction of new remedies with copyrighted names and of the preparations of some of the large manufacturing houses. The names of a number of drugs, to some extent popular, occur to us at this moment, such as antifebrin, antipyrin, sulphonal, and a host of others, many of them patented; what are the framers of the Pharmacopœia going to do with them, we wonder? Will they rebaptize them, and then admit them into the family circle of medicinal preparations, of reputable nomenclature? Some of them have come to be recognized as reliable therapeutic agents: if totally excluded from the Pharmacopœia, will not that important work be sensible of an occasional "aching void" at some points where such omissions may occur? Even at this late day we may quote the Japanese potentate, but in a negatively opposite sense, when we remark that if they are not put upon the list, they certainly may be missed.

—*Col. and Clin. Record.*

THE "MEDICAL MIRROR" OF ST. LOUIS.—The first number of this unique publication is on our table. It just sparkles and bubbles all through with the pointed brilliancy of its editor, Dr. I. N. Love. We are absolutely afraid to begin saying anything about this couple, the *Mirror* and its editor, for once in motion we know we would be put at our wit's end to find a justifiable stopping-place.

DR. DAWSON'S annual contest in bandaging, drawing and dissecting will take place at the Good Samaritan Hospital, at 2 p.m., January 29. Members of the profession are cordially invited to be present. This is a treat that only those who have heretofore enjoyed the pleasure of similar occasions can fully appreciate.

THE CINCINNATI LANCET-CLINIC:

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MEDICINE AND SURGERY

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, January 25 1890.

The Week.

THE OHIO VALLEY RIVERS.

The following letter has been received:

TRI-STATE SANITARY ASSOCIATION.

Editor Lancet-Clinic:

DEAR SIR:—Arrangements have been completed to hold a Tri-State Sanitary Convention at Wheeling, W. Va., February 27 and 28, 1890. Representatives will be present with papers and addresses from Pennsylvania, West Virginia, and Ohio. The object of the convention is to consider the question of floods and their results from a sanitary standpoint, and the best methods of managing the sanitary interests of a given community after such a calamity.

Owing to the mutual relations held by these three States with reference to large rivers and the numerous towns in each one of these States, that are annually affected by floods and their results, it has been thought wise to hold a convention for studying how best to manage the sanitary interests of cities and towns so affected.

Every person interested directly or indirectly in this important subject is earnestly requested to be present and assist in discussing the papers and add whatever information he can to the so-

lution of these practical and most important questions, affecting as they do the health and lives of thousands of citizens of these three great Commonwealths annually.

Very respectfully submitted,

GEO. I. GARRISON,
Secretary.

Wheeling, W. Va., Jan. 21, 1890.

The meeting of the Tri-State Sanitary Association, called as above noted in the Secretary's letter, is of the greatest interest to a people in number of population, sufficient to constitute an empire. The interests to be discussed are both material and vital, pertaining alike to the welfare of health and property. In fact representatives of the general and State governments should take a lively interest in the discussions of the occasion. It is very desirable that a large delegation should attend from this city, where the financial loss from floods has, perhaps, been larger than at any other point. The depreciation of value of property alone, in what is known as the flooded district, amounts up to millions of dollars, while singular to say very little sickness has been directly attributed to the overflows that have taken place.

We notice the Little Miami Railroad Company have, without justification, extended the bank of the river in the neighborhood of their depot in this city, far beyond the natural line, and an iron works company on the opposite side in Newport have been adding to their real estate holdings in a similar manner. This narrowing of the channel of the Ohio River opposite the upper portion of the city is bad for the navigation interests and will certainly have a baneful effect on the lower level of the city in time of high water.

This is a matter over which the general government has exclusive control, and we are much surprised that the su-

pervising engineer does not take specific action in regard to it.

The policy of the Pennsylvania Railroad Company, which controls the Little Miami Railroad, has always been oppressive and antagonistic to the common financial interests of the people. Without the shadow of a just or equitable claim this company took possession of Eggleston avenue, a thoroughfare that cost this city more than a million dollars to open and construct, and now it is encroaching on the actual channel of the Ohio River. This is the company that violated its rate agreement with delegates to the meeting of the American Medical Association last year. The bloodless cupidity of its managers are without parallel, and should on all occasions be remembered.

SUIT FOR MALPRACTICE.

The following from the local court reports appeared this week in the columns of the daily papers:

A STRANGE SURGICAL CASE.

A suit was yesterday brought, through Burch & Johnson, by Mrs. Mary Eisliag against Dr. C. D. Palmer, for \$10,000 damages for sufferings undergone in consequence of an operation performed upon her by the defendant. The story is that the plaintiff, a patient of Dr. Palmer's, submitted to an operation upon her womb. During the operation a needle was broken and a part of it lost in the womb. The doctor returned the next day and made an examination. He watched the case anxiously for two weeks, when he met with the well-remembered and almost fatal accident, from the effects of which he recovered very slowly. In the meantime the plaintiff was suffering excruciatingly, and no one knew or suspected what was the real cause. One physician prescribed a trip to Europe as the only thing likely to help her. Another advised hot applications, while a third said cold applications were likely to

afford her as much relief as anything. Upon but one thing were the doctors agreed, namely, that her chances of life were very slim. Finally it was agreed that a heroic operation should be performed. She was taken to the Hospital, and it was suggested to her husband that in view of the seriousness of the operation he had better bid her good-bye. During the operation the doctors discovered the piece of needle. All was then understood, and with the cause of the trouble removed the patient recovered.

DR. PALMER EXPLAINS.

To the Editor of the Times-Star:

In regard to the suit brought against me yesterday by Mary Eislien, I have only to say that the object is fully shown by the following letter:

WALLACE BURCH. SIMEON M. JOHNSON.
LAW OFFICE OF BURCH & JOHNSON.
JOHNSTON BUILDINGS.

CINCINNATI, December 31, 1889.

Dr. C. D. Palmer, 308 West Seventh Street, City:

DEAR SIR.—Mr. Casper Eislien has called to see us in reference to a claim for damages against you in negligently permitting a broken needle remain in his wife after an operation by you in April, 1888. We are not disposed to create any "noise" about this matter, but would like for you to call at our office and see if the matter can not be amicably adjusted.

Very respectfully yours,

BURCH & JOHNSON.

As I was not afraid of "noise," I refused to come down with the \$1,000 demanded of me as the price of keeping quiet, and will leave the matter to an impartial judge and jury, who, amidst such noise as plaintiff's attorneys desire to make, will ascertain what truth there is in their present grossly perverted statement of the facts.

C. D. PALMER.

If there ever was a more contemptible, villainous attempt at blackmail than is above indicated we have failed to hear or make a note of it. The lawyers, or creatures who call themselves by that appellation, should at once be prosecuted with such a superlative degree of vim and vigor, for their

infamous attempt to obtain money under false pretenses, as to not only land them in the penitentiary, but with a term sentence that would make their conviction a wholesome lesson to all of their ilk and tribe.

The idea of holding a man responsible for the condition of his patients at a time when, through an unfortunate and unforeseen accident, he was nigh unto death, and for many days lying in a hospital in an entirely unconscious condition, from a lesion that was so severe and grave as to prevent his recovery for more than a year, and absolutely the practice of his profession, is so repugnant to our sensibilities as to make us utterly unable to characterize such vultures as part of the human family.

The coppers on a dead pauper's eyes would not be safe for a second if they were within seeing distance.

Our ardent hope and wish is that the doctor will at once take measures to turn the tables on these legal buzzards, who for a possible contingent fee would attempt to rob him, and who, by their acts, have tried to bring a highly honored and honorable practitioner of the medical profession into contumely and contempt. Out upon such villains, unworthy members of a dignified profession!

The honorable members of the Hamilton county bar, and the judiciary, should at once take cognizance of this action, and proceed in their own way to disbar these vultures that move about and have their being in human form. The honor and dignity of their profession is at stake, and only by such action can they be enabled to ward off from themselves the smirch and blackened blotch that will not out.

The noise of this attempted foot-pad work should be made to ring in the ears

of the actors until they would ache, and ache, and ache.

THE OHIO STATE BOARD OF HEALTH.

Last week we had the pleasure of being present at the regular quarterly meeting of this organization. This is one of the most useful of our State Boards, and we were most agreeably impressed with the very large amount of excellent work that is being done through its agency, with the very limited means at its disposal.

The Health Officer, Dr. Probst, is employed for his entire time in visiting localities where there is unusual sickness, and in collecting sanitary data and statistics, with a large correspondence with city and village health officers, on matters pertaining to a conservation of the public health.

The state of the public health in a large measure indicates the conditions of prosperity enjoyed by the people. A season of sickness means greater or less distress and financial loss to a community, while a year of sickness is an actual calamity. If the people were fully impressed with the fact that not only one-tenth but perhaps one-third to one-half of all sickness is preventible, there would be a greater appreciation of health boards and their peculiar work. Much of the sickness of school children is wholly attributable to the bad hygienic conditions of the school-room and the water they drink, while the water-closet facilities are too frequently, simply an abomination.

A ride through the country in any direction will at any time afford the observing physician a solution of the cause of many gynecic diseases. The average farmer thinks first of his barn and stables; the latter are made as comfortable

for his stock as possible. His fences next claim attention, and then his house, with its necessary adjuncts; the last of all of which is a privy for the convenience of his wife and girls. As for himself he never goes near such a place. The seclusion of a fence corner or straw stack answers his purpose.

That privy—well, every one of our readers is familiar with its size and shape, and also with the fact that it is usually simply set on top of the ground in the corner of the garden, with openings at bottom the of the back, as if for the express purpose of admitting the cold and storms of all seasons. Nor do we ever wonder that women are habitually constipated through the habit of putting off their visits to the garden corner to the very last minute. Nor can we express surprise that a woman that is overheated from cooking and washing, while perhaps menstruating, in making visits of necessity, should contract catarrhal and other affections of the genito-urinary organs. Quietly to ourselves this is a fruitful source of supply to the country doctor—and city doctor, too. We are all beneficiaries.

It is the function of the State Board of Health to educate the farmers and country people in just such matters as this. We are well aware that a remedying of this relic of our less civilized ancestors' ways of living would shorten the doctor's bills very materially. In fact we are constrained to believe that it is only by a dissemination of information of the mercenary side of this subject that will induce a material bettering of present conditions. The ladies—God bless them—for their sakes every doctor in the land should willingly sacrifice his special fee for their benefit, if only their husbands and fathers can be induced to have constructed a modern improved privy vault, and to purchase an earth

closet for use in unpropitious weather.

We have a suggestion to offer. Wherever a physician is called upon to prescribe for constipation or other urino-genital troubles, let him state on the back of his bill: "Mainly caused by faulty construction of privy vault." This will make any granger think actively, and visit the doctor at once for an explanation.

The family water supply is one of the vital sanitary questions of the day, and furnishes cause for many a case of typhoid and other fevers.

A great State like Ohio should have a Board of Health, with a sufficient appropriation to justify at least monthly or bi-monthly meetings, with a Health Officer and Registrar of Vital Statistics, and other necessary clerical help. The work is of paramount importance to the entire people, and should be sustained by the Legislature with more than twice the amount of the present appropriation. It is easy of demonstration that such additional funds are essential, and their expenditure in the interests of economy and health to the people.

SENTIMENT *vs.* DUTY IN A MEDICAL SOCIETY.

This is the title of a sharp editorial in the last issue of the *Chicago Western Medical Reporter*, which broadly intimates that there is ground for suspicion that the editor of the Chicago paper, who published what purported to be an "Exposé of Infanticide," and was soon after tried and sentenced to the penitentiary, had an accomplice in his nefarious work, who is a member in high standing in the Chicago Medical Society.

If the editor of the *Reporter* is sure of his information in this instance, or, for that matter any other member who

has such knowledge, he should certainly have moral courage enough to ventilate the character of this man, who would, if he could, fatten off crimes charged upon innocent men.

Satan sometimes seems to just spread himself, in order to form an alliance with those with whom he should have nothing in common.

ELECTRO-THERAPEUTIC QUACKERY.

The manufacture and sale of electric belts, brushes, shoes, pads, etc., has reached such proportions in England that an effort is being made, in the interest of an ignorant and deluded public, to restrict, if it is impossible to repress, the traffic in such fraudulent appliances. A man who sold an "electro-pathic belt," which was warranted to cure sciatica, lumbago, Bright's disease, and a host of other ailments, has recently been arrested and fined for obtaining money under false pretences.—*Med. Record.*

[For this offense a creature in this city was recently sentenced by the United States Court to a three-years' term in the penitentiary.—Ed.]

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday evening, January 27, DR. GILES S. MITCHELL will read a paper on "The Sequelæ of Perineorrhaphy."

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, January 28, DR. C. A. L. REED will read a paper, "Some Observations on Vaginal Hysterectomy for Cancer;" Dr. C. R. Holmes will report several "Cases of Otitis Media Purulenta following Influenza;" Dr. J. C. Oliver will report a "Case of Vesical Calculus in a Girl Six Years Old."

THE Royal College of Physicians in Great Britain has passed a resolution that the medical curriculum shall be lengthened to five years, instead of four as at present.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending January 18, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....											
2.....							2	1			
3.....			1				1				2
4.....					1						2
5.....	2				3	1					
6.....							1				
7.....	1						2				
8.....							1				
9.....	2										
10.....	3										
11.....							2				
12.....							2	2			
13.....	1				1		1	1			1
14.....			2		3						
15.....	1							1			
16.....					1					1	
17.....		1									
18.....			1				1				
19.....											
20.....		1					2	1		1	
21.....											
22.....			1				1				
23.....					1	1					
24.....											
25.....							1	3			
26.....											
27.....	1						2				
28.....	8						2				
29.....											
30.....											
Cin. Hosp.							1			1	
Totals	19	2	5	1	8	3	22	9	6	2	1
Last week.	25		6		12	3	30	10		2	

The following is the mortality report
for the week ending January 18, 1890.

Measles.....	2
Cerebro-Spinal Meningitis.....	3
Diarrhoea.....	1
Diphtheria.....	9
Typhoid Fever.....	6
Whooping Cough.....	3
Other Zymotic Diseases.....	10—34
Cancer.....	2
Phthisis Pulmonalis.....	17
Other Constitutional Diseases.....	12—31
Apoplexy.....	2

Bright's Disease.....	3
Bronchitis.....	10
Convulsions.....	5
Heart Disease.....	7
Liver Disease.....	2
Peritonitis.....	1
Pneumonia.....	31
Other Local Diseases.....	23—84
Old Age.....	2
Premature Birth.....	2
Other Developmental Diseases.....	9—13
Accidental.....	1
Suicidal.....	1—2

Deaths from all Causes.....	164
Annual Death-rate per 1,000.....	26.24
Deaths for corresponding week in 1888....	102
Deaths for corresponding week in 1887....	126

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Reports to the Ohio State Board of
Health from 20 observers for the week
ending January 17, 1890.

Form of Disease. In the order of preva- lency.	REMARKS.	
	No. who re- port cases.	No. of cases reported.
Bronchitis, acute...	9	86
Tonsillitis.....	8	20
Pneumonia.....	7	11
Diarrhoea.....	5	14
Remittent Fever..	3	5
Rheumatism, acute.	3	24
Diphtheria.....	3	3
Measles.....	2	7
Whooping-Cough..	2	5
Intermittent Fever..	2	2
Pleurisy.....	2	3
Consumption, pul	1	1
Erysipelas.....	1	1
Dysentery.....	1	1
Typhoid Fever.....	1	1
Puerperal Fever..	1	1
Typho-Mal. Fever..	0	0
Cholera Morbus...	0	0
Scarlet Fever.....	0	0
Cerebro-Spin. Men.	0	0
Croup, membranous.	0	0
Cholera Infantum...	0	0

Infectious Dis-
eases as reported to
health officers in 87
cities and villages
during the week
ending January 17,
1890:

Diphtheria: To-
ledo, 10 cases, 7
deaths; Cleveland,
24 cases, 7 deaths;
Springfield, 1 case,
2 deaths; Youngs-
town, 3 cases; Mans-
field, 4 cases, 3
deaths; Zanerville,
3 cases; Akron, 1
case; Chillicothe, 1
case; Defiance, 1
case; Crestline, 1
case; Xenia, 1 case;
Leesburg, 1 case;
Alliance, 4 cases, 1
death; Lancaster, 1
case, 1 death; Bel-
laire, 2 cases; Bev-
erly, 4 cases; New
Straitsville, 1 case; New Vienna, 4 cases; Marys-
ville, 1 case; Miamisburg, 5 cases.
Scarlet Fever: Cleveland, 19 cases, 4 deaths;
Toledo, 1 case, 1 death; Springfield, 1 case; De-
fiance, 3 cases; Xenia, 1 case; Chillicothe, 4
cases; Lima, 2 cases, 1 death; Findlay, 2 cases;
Utica, 1 case; Ravenna, 3 cases; Washington
C.H., 2 cases; Canal Dover, 5 cases; Ironton, 3
cases; Urbana, 1 case; Massillon, 3 cases; Lo-
rain, 2 cases; Glenville, 4 cases; Richwood, 1
case; Millersburg, 2 cases; Beverly, 4 cases;
West Cleveland, 3 cases; Kent, 2 cases; New
Straitsville, 5 cases; Wabash Township, 4 cases.

Typhoid Fever: Cleveland, 6 cases, 4 deaths; Toledo, 2 deaths; Youngstown, 1 case, 3 deaths; Fostoria, 1 case; Clyde, 1 case; Flushing, 6 cases; Bedford, 1 case; St. Bernard, 2 cases; Millersburg, 1 case; Marysville, 4 cases.

No infectious diseases reported to health officers in the following places: Mt. Vernon, Camden, Versailles, Ashland, Logan, Woodsfield, Wooster, Ashley, Salem, Felicity, Lewisburg, Springboro, Nelsonville, Belle Centre, Celina, Aberdeen, Carthage, Norwalk, Savannah, New Richmond, Bloomville, Garrettsville, Canal Fulton, Bloomingburg, Rocky Ridge, Cedarville, St. Paris, Rawson, Dalton, New London, Piqua, West Unity, and Miami Township.

Influenza reported in 84 of the 104 towns reporting. Abating in Toledo, Massillon, Alliance, Mansfield, Salem, Martin's Ferry, and Richwood.

C. O. PROBST, M.D., Secretary.

WHAT SANITARY REFORM CAN DO FOR A CITY.

The Secretary of the Tennessee State Board of Health, Dr. J. Berrien Lindsley, has prepared an article for the forthcoming report of the Board which shows in a striking manner how the health of a large community can be benefited by the intelligent efforts of a few active individuals who have the support of public opinion. The article deserves to be studied by sanitarians everywhere, if only as an encouragement to them to persevere in their apparently thankless task, often against the greatest odds.

Dr. Lindsley's paper is a history in brief of the work of sanitary reform in the city of Nashville, which work was begun in 1874, the immediate incentive thereto being the devastation wrought by the last cholera visitation.

The Board of Health, as organized in Nashville, consisted of the Mayor, *ex officio*, and of four physicians, chosen by the City Council, with a medical Health Officer devoted exclusively to the work. The city was then small and very poor; hence the Board moved cautiously. No extravagant system of sanitary engineering was urged, no bonds issued, no debt incurred. The first steps were the registration of deaths and thorough local sanitation. Rigid house-to-house inspection by first-class officers was steadily pursued. Health ordinances impartially and uniformly enforced. A complete sanitary survey of Nashville was taken early in 1877, a

thing which had not at that time been attempted in any southern city, and, indeed, in only one or two in America. Its value can hardly be computed. Besides giving that information without which a Board of Health moves in darkness, it is an educator without equal. An intelligent and respected member of the police force, well known and well liked by all the community, visited every house and every building in detail. With suitable memorandum-books, he entered the results of his inquiries. Thus, in a few months, every one in Nashville was initiated into the work undertaken by the Board—that of making Nashville a city renowned for health and proof against epidemic scourges."

During the epidemic of yellow fever in Western Tennessee, in 1878, Nashville became a veritable city of refuge, and its Board of health had an opportunity to demonstrate the efficiency of individual isolation and perfect sanitary preparation. The healthfulness of the city at this time was so universally ascribed to the efforts of the Board of Health that the citizens gave them an ovation as a mark of gratitude and public appreciation of their services. This public demonstration was, of course, of far-reaching benefit in impressing upon the entire community the undoubted value of sanitary reform.

In the fall of 1883 the Board of Public Works came into existence, and at once began the work of remedying the great defects made apparent by the sanitary survey. These were, especially, the deficient water-supply; the almost total lack of drainage; the miserable condition of the alleys; and the pressing need of improved streets and sidewalks in many portions of the city. The progress made in each of these lines has been progressive and most satisfactory. The city has now twenty-five miles of sewers, and the new water-works, nearly completed, will furnish a daily supply of thirty million gallons.

But of more interest than a mere statement of what has been done in the way of sanitary improvement is a comparison of the results following these improvements. This can be stated in very few words:

In 1877 Nashville occupied an area of scant three miles, with a population of 27,000, and a death-rate of 34.55 per 1,000 yearly. Now it has an area of 4,021 acres, or six and one-third square miles, with a population of 68,531, and a death-rate of 15.31.

As Dr. Lindsley justly says, this is progress. It is true that Nashville is favored by its position, and it would be a disgrace were it not a healthy city; but that should be no cause for discouragement for other less favored localities. Even the city of Mexico, built as it is almost in a swamp, is destined, without doubt, to become one of the healthiest cities in the world when the huge sanitary work now in course of construction is completed. Nashville was not a healthy city before Dr. Lindsley and his associates took hold of it, and it is now what they, and others inspired by their zeal and enthusiasm, have made it; and there is no valid reason why every other city and town in the country should not be improved in the same way, if only the right man can be found to undertake the task. They certainly ought to be urged at least to try, after reading of what Nashville has accomplished quietly and as a result of patient effort.

—*N. Y. Med. Record.*

A BUNGLING CHEMIST'S DISCOVERY.

In the course of conversation at Cornell University, Edward Atkinson, the Boston economist, stated that a New England genius has recently discovered a cheap method of dissolving zinc by combining it with hydrogen, and producing a solution called zinc water. This liquid, if applied to certain woods, notably white wood, makes it absolutely fire-proof, and at a low cost. Mr. Atkinson regards this discovery as one of the most important of the age, and one that will surely revolutionize fire insurance, as well as immensely decrease the loss by fire. The invention is kept secret for the present. Only one foreigner—Sir Lyon Playfair, the English scientist—knows of it. He corroborates all that is claimed for the invention, and says that the inventor is

a bungling chemist, but that he has a faculty of blundering into the choicest secrets of nature's laboratory. As soon as patents are perfected and capital interested, zinc water will become an article of commerce.

—*Sanitary Volunteer.*

CHRISTIAN SCIENCE.

The Christian Scientists seem to be running foul of the courts. In Brooklyn recently several practitioners of the school were sent to jail in default of paying a fine on account of violating the law in regard to the spread of contagious diseases, and in a number of places the newspapers state that public sentiment would warrant criminal actions for malpractice and neglect of the patients. Clairvoyants do not escape actions for malpractice on the ground that their system does not require knowledge of anatomy or of the nature of diseases, and Christian Scientists and Faith Healers cannot hope to avoid responsibility for the failure to administer medicine, on the plea that prayer or mental treatment is the only method of practice with them. The Brooklyn Faith Healers regard themselves as martyrs, and do not seem to object to punishment.—*Med. Record.*

STATISTICS OF BREATHING.

In each respiration an adult inhales one pint of air.

A man respire sixteen to twenty times a minute, or twenty thousand times a day; a child, twenty-five to thirty-five times a minute.

While standing, the adult respiration is twenty-two; while lying, thirteen.

The superficial surface of the lungs, *i. e.*, of their alveolar space, is two hundred square yards.

The amount of air inspired in twenty-four hours is ten thousand litres (about ten thousand quarts).

The amount of oxygen absorbed in twenty-four hours is five hundred litres (744 grammes); and the amount of carbonic acid gas expired in the same time, four hundred litres (911.5 grammes).

Two-thirds of the oxygen absorbed in twenty-four hours is absorbed during the night hours from 6 p.m. to 6 a.m.

Three-fifths of the total carbonic acid is thrown off in the day time.

The pulmonary surface gives off one hundred and fifty grammes of water daily in the state of vapor.

An adult must have at least three hundred and sixty litres of air an hour.

The heart sends through the lungs eight hundred litres of blood hourly, and twenty thousand litres, or five thousand gallons, daily. The duration of inspiration is five-twelfths, of expiration seven-twelfths, of the whole respiratory act; but during sleep inspiration occupies ten-twelfths of the respiratory period.—*Annals of Hygiene.*

WARNER'S ANTISEPTIC PASTILLES.

Following a suggestion recently made by Dr. C. Seiler in the *Medical Record*, Messrs. W. R. Warner & Co., the well-known pill and compressed pastille manufacturers, of Philadelphia, are now placing on the market antiseptic pastilles for the treatment of certain nasal affections. These pastilles are not only powerfully antiseptic and comparative'y innocuous, but also distinctly deodorant, as sodium bicarbonate, sodium biborate, sodium benzoate, sodium salicylate, menthol, and oil of wintergreen enter into their composition. One of the pastilles makes two ounces of a lotion or spray for the nostrils, and it is, according to Dr. Seiler, "sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucous membrane, and as it is of proper density, it is bland and unirritating, leaving a pleasant feeling in the nose. As an antiseptic and deodorizer it is also far superior to Dobell's solution or any other non-irritating deodorizer and antiseptic." The pastilles are introduced here by Messrs. F. Newbery & Sons, of King Edward Street, London, E. C.—*The Chemist and Druggist.*

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

Miscellany.

THE HIPPOCRATIC PAR-NASSUS.

[Extract from the Feuilleton of the *Journal de Medecine de Paris.*]

TRANSLATED BY T. C. M.

THE INFLUENZA.

BY H. LUTAUD.

I have fever, I cough and spit,
I am broken out with a rash;
My nose runs, it will never quit,
It has ruined my best moustache.
Ah! is it influenza?

For three days my heart palpitated;
I find how hard to eat is;
For a rhyme I'm exasperated.
Can this be pericarditis?
Ah, no; 'tis influenza.

I am weak; salty my tongue;
I've lost my air *distingue*;
I'm very pale, my muscles wrung.
Say, tell me, is it *Dengue*?
Or is it influe-za?

Good Parisians had always cold feet;
Now it has gone to their backs.
Pains torment them, chills they treat.
The disease diagnosis lacks.
Say, is it influenza?
Or *Dengue*?
Or what?

THE COMPLAINT OF THE DIS- SECTED.

BY ALBERT GUINON.

Stretched full length on dissecting board,
With eyelids in shame and modesty lowered,
Alone in death, but still proud.
Without a mass, without a dirge;
Without a friend, without *concierge*—
Even without a white shroud.

Medical students, of every odd type,
Slowly dissect, while smoking a pipe,
My body from head to waist;
And as they cut the flesh they joke,
With every puff of tobacco smoke;
Tell stories of doubtful taste.

An interne, visiting us yesterday,
For his share of my body took away
One of my pretty feet,
For the evil purpose, I heard him state,
Of making a petrified paper-weight—
A hospital ornament neat.

Ah! happy those with a coffin-lid,
In rural graveyards quiet hid,
Blest "Cities of the Dead!"

A cross for company, night and day;
No hunger, no thirst, no lodging to pay.
Eternal rest for one's head.

Beneath warm, grassy coverlid green
The latest comer sleeps well, I ween,
'Mid the brave, the good, the true;
Dreaming sweet dreams in the new home
To which all fortunate mortals come,
E'en content to be *parvenus*.

Alas! had I wedded some old millionaire,
For I once had youth and beauty rare—
A name on society's list.
But 'twas peritonitis in hospital ward,
I trusted doctors instead of the Lord,
And I never will be missed.

I am lying naked as a church wall,
Not even chemise for funeral pall:
The students cut off my tresses.
I've the air of a beefsteak, as it goes,
Without e'en a garniture of potatoes,
Or a dressing of water-cresses.

It is so seldom that a physician receives any public recognition of his services, that when such a thing does happen it is worthy of mention. Stanley has shown that he has gratitude among his other virtues, for the despatches from him contain many refer-

ences to the devotion and skill of the physician of his expedition, Dr. Parkes, and he generously attributes to him a large part of the credit for the success of the undertaking.—*Med. Record*.

THE marriage rate in England has shown a remarkable falling off during the past few years, according to the reports of the Registrar-General. The statisticians seem to be baffled in their efforts to account for the decrease, as there is no war on hand and the times are not specially hard.—*Med. Record*.

A GRADUATE of the Jefferson Medical College was recently refused a license to practice in Minnesota because his studies had not covered "three courses of at least six months each," as required by the laws of that State.

DR. RICHARDSON, in his lecture on "Disease and How to Combat It," says that sunlight in the sick-room has a direct influence on minute organic poisons.

Champagne ANALYZED

Of Interest to all Medical Practitioners.

WHAT IS SAID BY

THOMAS KING CHAMBERS, M.D., F.R.C.P.
R. OGDEN DOREMUS, M.D.
F. W. PAVY, M.D., F.R.S.

"Champagne, with a minimum of alcohol, is by far the wholesomest, and possesses remarkable exhilarating power."—THOMAS KING CHAMBERS, M.D., F.R.C.P.

"Having occasion to investigate the question of beverages, I have made a chemical analysis of the most prominent brands of Champagne. I find G. H. Mumm & Co.'s Extra Dry to contain, in a marked degree, less alcohol than the others. I therefore most cordially commend it not only for its purity but as the most wholesome of the Champagnes."—R. OGDEN DOREMUS, M.D., *Professor of Chemistry, Bellevue Hospital Medical College, New York*.

"Champagne, while only possessing the alcoholic strength of natural wines, is useful for exciting the flagging powers in case of exhaustion."—F. W. PAVY, M.D., F.R.S. *Lecturer on Physiology at Guy's Hospital, London*.

The remarkable vintage of 1884 of G. H. MUMM & CO.'S EXTRA DRY CHAMPAGNE, the finest for a number of years, is now imported into this market, and pronounced by connoisseurs unsurpassed for excellence and bouquet.

FRED'K de BARY & CO., New York,
SOLE AGENTS IN THE UNITED STATES AND CANADA.

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Whole Volume LXIII.

Original Articles.

THE DIETETIC TREATMENT OF TYPHOID FEVER.

A Paper read before the Cincinnati Academy of
Medicine, January 13, 1890.

BY

JAMES M. FRENCH, A.M. M.D.,

Lecturer on Morbid Anatomy and Demon-
strator of Pathology in the Medical
College of Ohio, Physician to
St. Mary's Hospital,
Cincinnati.

The inherent gravity of the disease, its long duration, the peculiar manner in which it affects the digestive system, and the varying behavior of its microbe under different forms of nutrition, all give to dietetic treatment in typhoid fever an importance which it has in no other connection.

Typhoid fever is an infectious disease, due, as is now generally accepted, to the action of the Koch-Eberth bacillus; its pathology is inseparably connected with the entrance and action of that microbe; its symptoms are a direct consequence of the ptomain or ptomaines which it produces. The three clinical periods, each of one week's duration, correspond pretty closely to the different phases of intestinal disease, the infiltration, the softening or sloughing and the ulceration of the solitary and agminated follicles of the intestine; and these are followed by a period of repair which is not usually complete until after the convalescence has become well established. The severity of the symptoms usually, but not always, coincides with the extent of intestinal lesions, and these vary from so slight an inflammation as to be little more than perceptible on autopsy, the infil-

tration involving only the mucous membrane, to an engorgement of the entire thickness of the intestine, with consequent almost complete closure of its lumen. In even the milder cases, however, there is œdema of the intestinal walls beneath the follicles and for some distance about them, enfeebling their power of resistance, and consequently increasing the danger of rupture.

But the lesions of typhoid fever are by no means limited to the intestine. There is in fact scarcely an organ in the body which does not to some degree suffer as a part of the disease. But for present purposes, the changes in the alimentary canal are alone of interest. We find here, aside from the follicular disease referred to, that there is cloudy swelling of the epithelium, with often marked fatty degeneration. This degenerative process is probably due not less to the general condition of malnutrition than to the pyrexia, to which it is often referred. As a result of it, there is a diminution of the functional activity of these organs. The digestive juices are secreted in less than normal quantity and with modified constituents. Digestion is therefore impaired, and in this disturbance we have one of the most important barriers to the dietetic treatment of the fever patient. Along with all this we have a faulty elimination of waste products, and thus the system becomes poisoned with excrementitious matters. In constructing the dietary of fever, therefore, we have to bear in mind the peculiar lesions of the disease, the condition of the digestive organs, and the tendency to retention of effete products. We must also endeavor to meet the requirements for food.

The demand of the organism for nourishment is great from the beginning to the end of the disease. Fever

implies waste. It has been estimated that the fever patient loses weight at the rate of 239 grams (Layton), or about a half pound per diem. To fully meet this demand would signify the administration of a much more abundant as well as a more nutritious diet than is required in health. But the very process which increases the demand for food renders the alimentary canal entirely unable to dispose of anything like an adequate amount of it. It has been aptly said that "fever closely resembles muscular effort in its arrest of the digestive functions, at the same moment that it makes an urgent demand for nutriment. With ultra-Egyptian rigor, while straw is withheld, 'the tale of the bricks is doubled.'" Experience taught the fact that the digestive powers were crippled long before scientific investigations had been made. Graves, who first fed fevers, was exact in his limitation as well of the amount as of the character of food permissible. But when Beaumont observed the appearance of the stomach in the pyrexial state, he concluded that fever completely arrested the digestive process. Since that time opinions have oscillated between the extremes of over-feeding and starvation.

At present most writers agree that the diet of the typhoid patient should be of fluid character, and almost exclusively limited to milk. It is known that the demand for water is enormous. Nothing is more essential to the management of the case than the administration of an abundance of pure water. It increases nutrition, and by augmenting the secretions, reduces the temperature and assists in the elimination of the toxic products of waste. These objects it accomplishes, in the first place by holding the soluble constituents of the food in solution and conveying them to the tissues; and in the second place by favoring, in its abundance, the to and fro process of nutrition. Yet water must not be given indiscriminately either in regard to quantity or time of administration, for it then diminishes the desire for more nutritious food, and is very apt to produce vomiting.

Clinical experience has established

for us the milk diet; but its value in the febrile state has been called in question. One of the most sweeping objections that have been made against it is that of Dujardin-Beaumetz, who considers it of value only for the water and salts which it contains. He says: "One of the first consequences of fever is a diminution of the digestion secretions, or even a chemical change in their composition. The digestive apparatus is diseased and the intestinal juices are diminished. The peptonization of albumen and the emulsification of fats is not properly performed. Fever patients invariably lose weight, the loss taking place through the excretory organs, the lungs, intestines, kidneys, and skin. As the resorption of anything but liquids and fats is almost nil, the first rule must be to give fever patients nothing but liquids. Milk and bouillon are most available. The water and salts undergo a ready absorption. The fate of the albuminoids and fat contained in the milk has not yet been determined; it is probable that they are little if at all used." This view seems more extreme than we are warranted to accept; for it is only in the most severe cases of typhoid fever that the intestinal inflammation extends far beyond the region of agminated follicles in a degree sufficient to render it at all likely that absorption is arrested. And we have, on the contrary, abundant evidence that fluids, simple and medicated, are absorbed both from the stomach and from the small intestine, on the one hand in the effect produced, and on the other hand in the character of the medicament—articles soluble in an acid or only in an alkaline medium. The difficulty appears to lie rather in the faulty preparation of food for absorption. The digestive powers are, as we have seen, diminished, and probably about to an extent proportionate to the degree of pyrexia and the severity of the symptoms.

But other influences frequently operate to reduce the digestibility of milk. One of these influences is its own tendency to coagulate into huge masses under the influence of the stomach ren-

net. The addition of lime water, seltzer, etc., to the milk diminishes this tendency only at the expense of the acidity of the gastric juice, which is already subnormal in amount. A small quantity of table salt added seems to act almost as well, and it is asserted that barley water, malt-sugar, and mucilaginous substances produce the same effect.

Another error is the too general use of cold drinks. Some practitioners administer nothing, not even milk, without ice. There is no way so sure to further cripple the already feeble digestion than this. I do not believe, therefore, that efforts to reduce the temperature of the patient by means of cold baths applied to the gastric mucous membrane are justifiable. The value of frequent draughts of cool water is not so much in their local effect as in their action on the cutaneous and pulmonary exhalations, and this action is obtained as well by fluids of moderately low temperature.

But probably the greatest blunder that is committed is the too frequent administration of food and drink. Some prominent authorities direct the administration of milk, water, wine or whisky, at intervals varying from every ten minutes to every half hour. It has been my experience that every instance in which the stomach rejects food, unless due to constipation or cerebral or renal complication, can be traced to over-feeding. It is strange that a common experience in practice among children should be so entirely disregarded when dealing with adults, and that what would nauseate a robust individual is forced upon the fever patient. If water and other liquids be given at intervals of an hour and milk only every three hours, each can be administered in greater quantity with impunity, and ample time for digestion will be afforded. And, what is just as important, the patient is permitted to take the rest his beclouded intellect demands.

The best guide to the quantity of milk that is to be administered lies in the observance of the effect produced. The stools should be regularly inspected for undigested caseine, the evidence of

over-feeding. Meteorism or abdominal pain from indigestion should be responded to by a diminution of food. Ordinarily from three to four pints of milk are required in twenty-four hours.

But the exclusive milk diet is open to another and more serious objection. We all know that milk as a diet contains all the five great articles of food—the proteid, caseine; the carbohydrate, sugar; the fat, butter; salts, and water; and these ingredients are arranged in the proportions required for the maintenance of the young of the species. Being at the period of their most rapid growth, the young require a relatively greater amount of albuminoid matter than is required in adult life, and but very little of the carbohydrates. We find therefore that milk, for the nutrition of the adult, is relatively deficient in carbohydrates. We have seen that the effect of fever is like that of muscular exercise—that it creates an extraordinary demand for food. And thus the deficiency of carbohydrates becomes a more important defect in the dietary of fever than it is in that of health. It is a remarkable fact that efforts to improve upon the milk diet in fever have been almost entirely confined to the administration of such articles of uncertain nutritive value as beef tea, beef extracts, and the so-called peptones, all of them proteids, if anything. And I dare say that every one has observed that these preparations, if retained by the stomach, act more or less perniciously by increasing the diarrhoea, if not the pyrexia, phenomena for which Dr. Rachford has given us an explanation—that ptomaines developed by bacilli fed upon the so-called beef peptones act more severely upon the nervous system than do those developed by bacilli fed upon milk. But well skimmed and well-seasoned broths, not too often given, are agreeable to the patient, and, being little more than saline solutions, practically free from proteids, are useful for the salts and water which they contain.

A mixed diet has generally been considered out of the question in typhoid fever, on the ground that vegetables and carbohydrates add to the dangers of

intestinal fermentation and increase the bulk of solid fæces. And so great has become the dread of this accident, in itself dreadful and to be avoided by every available precaution, that it has become a perfect bugbear to the intelligent study of dietetic treatment. I firmly believe that many cases of typhoid fever are permitted to die of inanition, through fear of this accident; and I also believe that the danger of intestinal perforation as much favored by malnutrition with its tendency to degenerative changes in the tissues as it would be by a proper administration of a mixed diet comprising milk and carbohydrates. The proper way to administer carbohydrates is in a predigested form; and their artificial digestion yields a much more definite and simpler product than does that of proteids. In this belief I have used Mellin's Food, and have been well pleased with the result in the typhoid fever as well of adults as of children. Consisting of predigested carbohydrates, ready, when dissolved, for immediate absorption from the stomach, it greatly enhances the nutrition of the patient and retards destructive metabolism, which, if unrestrained, results in anæmia and emaciation, and this it accomplishes without increasing the dangers of the disease. Added to milk, it prevents its too firm coagulation, and thus assists in its digestion. I have used it in nearly every case that I have treated, in hospital and out, for more than a year, and have found it generally acceptable to the patient, as it affords relief from the monotony of an exclusive milk diet, and I have had no evil results from it.

Alcohol is one of the most valuable articles of food which we possess. Whisky, brandy, and champagne are the best forms for its administration. The only question with which I desire to deal is the time at which to begin its administration: for, although it is possible to drag many a case through the disease without it, there is no good argument in favor of its omission. Many practitioners delay its administration until alcohol is actually demanded by beginning heart failure: and until recently I followed their example, per-

mitting some cases to pass nearly or quite to convalescence without the use of it. I am satisfied, however, that it is more judicious not to withhold it longer than till the beginning of the second week of fever. A half ounce of whisky given three or four times a day from this time on will frequently obviate the necessity of resorting to it in hourly doses at a later period.

My object then in presenting this paper is a plea for the more abundant nourishment of the typhoid patient, and withal a more rational management of his dietary than is generally practiced, believing that there is no other way in which we can so surely obviate the dangers of the disease as by maintaining to the highest degree possible the nutrition of the patient.

[FOR DISCUSSION SEE P. 134]

PREVENTION OF ATTACKS OF MIGRAINE.

Dr. Hammerschlag, according to the *Allgemeine med. Central Zeitung*, No. 39, employs the following combination of remedies for the prevention of attacks of migraine, and states that hitherto it has not failed him:

R—Caffeinæ citrat., . gr. xv;
Phenacetin, . gr. xxx;
Sacch. albi., . gr. xv.—M.
Fiat. pulv. Dis. in capsule No. X.

Sig: One capsule to be taken, in the intervals of the attacks, every two or three hours.

Phenacetin, he says, does not act so promptly when given alone. This treatment may be kept up until a decided remission occurs, and this does not have to be waited for long.

—*Med. Practitioner.*

SOME one has discovered that a weak galvanic current, which will sometimes cure a toothache, may be generated by placing a silver coin on one side of the gum and a piece of zinc on the other. Rinsing the mouth with acidulated water is said to increase the effect.

—*Weekly Med. Review.*

SEE Reduced Rates to subscribers who pay *in advance* on advg. p. xix.

Correspondence.

NOTES OF PRACTICE.

Editor Lancet-Clinic:

DEAR SIR:—While a student in the office of Dr. W. H. Sullivan at Rising Sun, Indiana, I derived much information from the sketches of individual cases constantly appearing in your valuable paper, and I send you the following cases, which have been very interesting to me, and I hope they may be so to some of the readers of the LANCET-CLINIC:

Reunion of a Severed Ear.

James McG., an Irish laborer, aged thirty-six, presented himself at the dispensary of St. Mary's Hospital on the 24th of November, 1889. The patient had his left ear more than half amputated, a clean cut extending from above at its junction with the scalp down to the meatus externus on either side, not, however, extending into the meatus. The cut looked as if done with a knife, but the patient assured me it was done by falling against a stove while asleep, which looks improbable.

I brought the edges of the wound together with seven sutures of silk, finding it a very difficult situation in which to insert sutures nicely, and put in a few strands of horse-hair drainage. Of course the antiseptic solutions and dressing were used throughout the case. The wound was dressed several times, and at the end of ten days the extreme top was united and the stitches removed; but as the drainage was not to the most dependent part, it suppurated, and there remained a large ununited portion anteriorly and posteriorly. At this time I made a free opening through from the posterior opening to the lower portion of the concha back of the meatus with a bistoury, and inserted several black silk threads for drainage. After three more days I was enabled to remove the drainage, as suppuration had ceased, and by the 12th of December the three openings had entirely healed, and the only difference observable between the two ears was that

the left seemed a little closer to the head, which I regarded as temporary and due to the pressure from the dressings.

A Sacculated Aneurism of the Abdominal Aorta.

Eliza C., a widow, æt. thirty-eight; born in Ireland, having been in this country three years. Had worked hard since coming to this country, mainly at washing clothes. In the early part of last February she began to feel a pain in her back to the *right* of the spine just below the shoulder-blade, and in a few weeks noticed there was a slight lump there, which she painted with tr. iodine for several weeks. Noticing no improvement, she applied to St. Mary's Hospital Dispensary, and in the hurry of dispensary work was treated by the physician on duty for stomach trouble, as she neglected to mention the still slight tumor on her back, at this time complaining of pains in her stomach, having the same indefinite idea of the location of her stomach that patients generally have.

Her symptoms not ameliorating, she entered the medical wards of St. Mary's Hospital April 10. Here examination revealed a large pulsating tumor to the *right* of the spinal column, midway between the axilla and the crest of the ilium. This tumor did not give the expansile pulsation characteristic of aneurism, merely throbbing with the heart-beat. Neither was a murmur at all distinct or constant, merely being discovered by attentive auscultation at rare intervals. Pressure on it gave but little pain, and she still complained much more of the sensations in her abdomen, which she compared to an electric battery working there.

I may say here that the treatment was the ordinary medical treatment of aneurism, including such alternatives as the iodides and chloride of barium, and agents to slow the circulation. Surgical interference was contraindicated, owing to the anæmic condition of the patient and the doubt as to the diagnosis, which remained obscure to the very last, men of large experience differing, not only as to the anatomical seat of

the aneurism, which was rendered obscure by its being on the right side, but also as to whether it was an aneurism or not, one surgeon of some eminence proposing to tap it with a trocar and canula within two weeks of her death.

The pains constantly increased, those in the right hypochondrium, which she now compared to pains caused by an animal gnawing, always preponderating. Toward the close she also complained of a painful feeling of swelling in her throat and a painful pulsation in the right side of her neck. Large doses of morphia (finally running up to six grains daily) were necessary to assuage these pains, and a tight bandage around her abdomen appeared to give some relief. The tumor constantly grew. Her death occurred October 15.

An autopsy the following day revealed a large sacculated aneurism of the abdominal aorta, commencing just above the coeliac axis, extending about an inch and a quarter along the aorta, and expanding into a sac which filled the greater part of the right side of the body, crowding the right lung into about half of its usual space. The extensive adhesions rendered it impossible to detach the sack, which was adherent to the abdominal walls, peritoneum, liver, intestines, and diaphragm. The circumference of the sac was not less than twenty inches, it extending about two inches to the left of the spine. Several of the ribs on the right side were entirely gone posteriorly. The sac was almost entirely filled with organized fibrin.

It is an interesting question whether surgical interference in this case might or might not have accomplished good results.

I may add that the most general diagnosis was the correct one.

Respectfully,

JOHN ROBERT ESPEY, M.D.,

Resident Physician, St. Mary's Hospital.
PHILADELPHIA, PA.

PROF. LOISETTE'S Memory System is creating greater interest than ever in all parts of the country, and persons wishing to improve their memory should send for his prospectus free as advertised in another column.

MALPRACTICE SUITS.

A PROTECTIVE ASSOCIATION OF PHYSICIANS TO FIGHT THEM.

CINCINNATI, January 30, 1890.

Editor Lancet-Clinic:

The recent suit for malpractice brought against the honored Dr. C. D. Palmer, of this city, shows the true inwardness: that of money being sought after not only by the patient, but by certain attorneys of the law who are devoid of principle and dignity.

No honorable physician or surgeon will other than give his best skill and much of his time to patients coming under his case, be they of the richer or of the poorer class.

Such attorneys(?) are as the poor. "always with us," the latter continuously demanding the time and skill of physician and surgeon, the former always ready to "hiss on," with the hope of at least a *compromise*, so that no "noise" be made.

The time has come when the medical profession must unite to defend themselves, honorably, against such suits without *great cost* to the physician or surgeon who may be sued.

A society similar to the "Physicians' and Surgeons' Protective Association," of England, composed of regular graduates in medicine, should be organized. A president, vice-president, secretary, and board of directors would make up the officers who could decide on the admission fee and annual dues. By this means any member who, having a malpractice suit brought against him could be defended by money coming from the common fund.

The defending of one's self, even though the plaintiff fails to establish his claim, is *costly*—so much so that the average doctor's pocket-book is crippled beyond recuperation.

By a "Protective Association" of this kind the burden of expense falls equally on all members, thereby averting financial ruin to the individual doctor in many cases.

Very truly,

EDWIN RICKETTS, M.D.

137 Broadway.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of January 6, 1890.

Vice-President, G. W. RYAN, M.D.,
in the Chair.

G. A. FACKLER, M.D., Secretary.

The La Grippe.

DR. WITHROW introduced the subject by stating that according to his own experience the prevailing disease was like Hamlet with Hamlet left out. If it be influenza, it is influenza with—in many cases—the symptoms on part of the nose and throat left out. At least their predominance is not so well marked as books teach us to believe. He did not know what was the relative importance of what the books present to us as the principal clinical features of the disease.

The speaker felt assured that something was going on in the city that was quite unusual. There is a disease epidemic that is not usually found in Cincinnati. Cases have come on in such numbers that there can be no question of the prevalence of an epidemic. Every one is certain that there is something the matter with the people. We find general complaints in homes and business houses.

The following are the principal features of the malady: The most of the cases seen by the speaker began with a chill or chilliness, which was sometimes preceded by malaise, lasting twelve to twenty-four hours. When under observation from the start the temperature was found to be 99–100° F. On the second and third days the fever rose up to 102° to 103°, but usually disappeared on the fourth day. On part of the general system were manifested the most atrocious muscular pains, marked especially by soreness of the eyeballs, pain in lumbar muscles. There was little sore throat and some complaints were made of stiffness and swelling of the tongue, which, however, was usually not coated. In a few instances com-

plaint was made of numbness in extremities. The nose was not generally affected, although there were a few cases with some little discharge from the nose, suffusion of the eyes and sneezing.

General anorexia and in many instances nausea were noticeable features. As a rule, the headache was frontal. Symptoms on part of the lung were few, and only those who had sneezing had bad cough. The pain in the back persisted even after the temperature subsided. The contagious character of the disease was not well marked, and its predominant features resembled more those of dengue fever than the influenza described in the books. If bronchitis is essential to the latter, then the majority of cases were not influenza.

As far as treatment is concerned, the speaker had followed no routine practice. He depended upon the symptoms predominant at the time. For the neuralgia antifebrin and antipyrine, as also for the muscular pains. In a few cases salicylate of sodium was used to advantage. For the nose he used warm vaseline or alboline, with or without cocaine instill, every three or four hours, gave most satisfaction.

The speaker would consider the disease without mortality, and serious only in view of possible complications, which were the more liable to occur, because of the general debility resulting from the disease.

After careful observations of a considerable number of cases he believed the disease a mild form of dengue fever, especially since some of the cases showed a tendency to mild relapse a few days after the initial attack had apparently disappeared. He was fully convinced that the disease corresponded much more nearly with dengue fever than with influenza, and believed that when the epidemic has passed and its character is more widely understood, a majority of the profession will be of similar opinion, or at least will decide that this epidemic is not influenza.

DR. DODD related his experience and the disease similar to that described by Dr. Withrow.

DR. EVANS had observed seven cases in his own family. In three trouble of the air-passages was well marked. Laxatives and antipyrine secured good results. In one case the nausea developed into vomiting, which finally assumed a stercoraceous character. This continued until the patient was in a collapsed condition, from which the patient was only revived by hypodermic injections of ether and whisky.

DR. BONIFIELD had observed two or three cases in which the diarrhoea was marked. In others constipation was marked and the symptoms seemed to be relieved most freely by purging. A peculiar symptom is complained of by many—*i. e.*, a sensation as if the feet were asleep.

DR. WM. JUDKINS has observed cystitis as a feature in four cases.

DR. FOGEL thought that the unusual climatic conditions prevailing at this season had something to do with the disease.

Meeting of January 13, 1890.

Vice-President, WM. JUDKINS, M.D.,
in the Chair.

G. A. FACKLER, M.D., Secretary.

DR. J. M. FRENCH read a paper on

The Dietetic Treatment of Typhoid Fever (see p. 127).

DISCUSSION.

DR. KEBLER was deeply interested in the paper because he had passed through the stage of change in dietetics, and was glad of it. The first few cases seen by him in practice he had fed entirely on liquid and semi-liquid animal diet, such as milk, soup, eggs, and whisky. The most of these recovered, but not nearly so satisfactorily as those treated by him during the last year and a half. The first to call his attention to the matter was the prayer on part of the patients as they grew better for something solid to eat. The speaker commenced by giving blanc-mange, and, knowing that most of the ice cream contained starches, he gave that. He had slight experience with Mellin's Food, and found it pleasant in its effects. He believed that mixed diet was

the thing, although he did not go as far as some did. Some years ago Peabody, of New York, advised giving solid food throughout the disease, and obtained good results. The experience of the speaker differed from this gentleman's. He spoke only from hospital experience, since no reliance can be placed upon the statements of private patients.

The speaker knew of cases in which during the third stage solid food was surreptitiously obtained, and in consequence of which the temperature rose from 99° to 102° or 103°. He remembered the case of a boy whose temperature had gradually descended to 100°. He complained that he had not enough to eat, and on that day the nurse found him chewing a ham bone. As a result the fever mounted to 105°.

No solid food should be given until one week after the temperature is normal. There is no clamor for solid food while the patient is on a mixed diet.

DR. RAVOGLI thought that in determining the diet of the typhoid fever patient it is necessary to consider the stage of the disease. Solid food may be given during the first week and when the patient is near convalescence, but during second or third week such diet cannot be thought of. Then milk, broths, and alcohol are the best nourishment. The method of administering the milk is of importance to determine. Boiling the milk seems necessary, for thereby it is sterilized. But by boiling the caseine coagulates, and is not well dissolved in the stomach. Fresh milk is more easily digested, but easily undergoes decomposition if allowed to remain in the room for some time. The milk should not be too rich, since many patients suffer with disturbances of stomach and bowels if the milk be rich in butter. Alcohol is probably the best food.

DR. HAINES gave milk almost exclusively until lately, when he had resorted to koumiss, which proved efficacious as a fluid diet.

DR. FRENCH, in concluding, remarked that by keeping up the nutrition the craving of the patient for food is less likely to do harm, since he is less liable to overstep the prescribed

bounds in his endeavor to satiate his ravenous appetite as convalescence begins. The appearance of patients fed as described in the paper differs greatly from that of those fed upon milk. The latter can always be picked out in a hospital ward, owing to their haggard appearance. This, as a rule, is not true of patients who have been fed throughout the disease upon mixed diet as treated by Dr. Kebler and himself, for they have not the extreme anæmic appearance.

The speaker hardly thought it necessary to administer solid food after the beginning of the fever, but preferred to resort at once to the liquid diet as soon as elevation of temperature is observed; in other words, as soon as the diagnosis is established. It seemed to him that properly sterilized milk is better retained, if not better digested, than that which has undergone the ordinary boiling process. Boiling the milk in a bottle, by steam for more than a half hour, he thought overcomes the slight change in the caseine, which at first occurs, and in one or two cases he had observed that this was retained, when milk and lime water were ejected.

The speaker had purposely omitted from his paper all reference to the diet of convalescence, because on the one hand he could not contribute anything on the subject, and because so much has of late been written upon it. The important point in the management of the patient at this time is to restrain him from the too early yielding to the demands of his growing appetite.

A LARGE BEQUEST.

THE will of John N. Shoenberger, of New York, has been filed for probate. After providing liberally for his widow and a number of relatives, he bequeaths nearly \$1,000,000 for the establishment, at Pittsburg, of the "St. Margaret Memorial Hospital," as a memorial to his wife. He also bequeaths a plat of ground and the sum of \$550,000 for the erection of the buildings. Other large bequests to religious organizations were made.—*Boston Med. and Surg. Journal.*

Translations.

ON THE FORMS OF ABNORMAL GRIPPE THAT PREVAIL IN PARIS AT THE PRESENT TIME.—TWO OBSERVATIONS.

BY

DR. GAUDISCHIER.

Translated from the *Journal de Medecine de Paris*

BY T. C. M.

I simply desire to communicate two cases treated by me during the odd epidemic now prevalent in Paris. Both are interesting, whether viewed from a clinical or therapeutical standpoint.

CASE I.

A young dramatic artist, returning from Russia, where she had accompanied M. Coquelin in his last theatrical tour, was taken sick with the rest of the company, who all were suffering from gripe. She arrived in Paris Friday morning at 6 o'clock and passed the entire day in quiet repose.

Saturday.—Slight cough, to which she paid no attention.

Sunday and Monday.—Same condition.

Tuesday evening, after dinner, without any known reason, she had general *malaise*, desire to vomit, acute pains at the epigastric region. Soon after came a constant desire to go to the water-closet, and finally abundant stools, so black that the patient compared them to jet ink. This diarrhœa lasted two hours and was accompanied by fever, the last stools passed being bloody. In the night of Wednesday and on Thursday there was marked agitation, the patient being unable to sleep; the intestinal symptoms persisted—twenty stools from 9 o'clock until midnight, and thirteen stools from that time until sunrise.

I was called to attend the patient at 2 o'clock this same day. The prostration was extreme. The temperature, taken under the axilla, was 40° Cent. The face was congested, shining; the eyelids swollen without being really œdematous, with slight obstruction of

the nares. The urine was normal, clear, and abundant. The patient complained particularly of a very acute pain at the level of the upper half of the abdominal region. On trying to stand it was impossible to maintain an erect posture. I raised her as far as I could and found she had complete paresis of the lower limbs. I immediately prescribed a purgative dose of Hunyadi Water; afterwards two 25-centigramme capsules of sulphate of quinia. For nourishment I ordered a mutton broth, and whiskey grog for drink.

I called on my patient the next morning. She had passed a comparatively comfortable night. She had had twelve stools from the Hunyadi Water. After this she slept well. Her face was no longer congested; her fever had disappeared, her temperature being normal; while her tongue had perfectly cleared. The patient requested permission to leave her bed; her recovery was apparently perfect, if I except a slight tendency to dry cough, which still persists.

CASE II.

Madam A., aged thirty years, in general good health all day Monday; retired to bed at the hour of 11 o'clock at night. Towards midnight she felt a general sensation of heat, and, at the same time, persistent pains in the hips, over the kidneys, in the abdomen, and down her legs; the pains continued, the fever increased, sleep was impossible, her bowels did not move. On Tuesday morning she had frequent attacks of nausea, the fever was high, and she had an absolute repugnance for all nourishment; the constipation was obstinate. I saw the patient at 3 o'clock in the afternoon. The prostration was extreme, the pains in belly and kidneys being simply atrocious; the temperature 40° Cent., and patient had slight headache. I prescribed an active purgative and fifty centigrammes of quinine to be taken in two doses. I prescribed broth for nourishment, which was vomited up, but she was able to keep milk on her stomach.

Tuesday night and Wednesday morning she had several good stools from the effects of the purgative.

On Wednesday a slight cough was developed, although the bronchi did not appear to be affected; the tongue was yellowish at its base; the urine was high-colored; pains in limbs still acute; temperature 39° Cent. A large laudanumized cataplasm was placed over the abdomen and other painful places and seventy-five centigrammes of quinine administered. From Wednesday to Thursday she felt very comfortable: the pains disappeared as if by enchantment, the fever fell, and a few herpetic spots appeared at the corner of the nose and mouth. She had a slight dry cough and desired food.

These two observations have appeared worthy of attention on the part of our Society, and are interesting from several points of view. In the first we had choleraform symptoms and, notwithstanding diarrhoeal trouble, a high temperature. Besides, we had a clearly-established paralysis of both legs. In the second, as in the first, the pains were limited to the same regions. In both cases the treatment by active purgatives and sulphate of quinine gave really surprising results.

DISCUSSION.

DR. NICHOLAS: Gentlemen, all the world has made the same observations as our *confrère*. There is nothing in these cases resembling true grippe, which must always to my mind be a bronchitis associated with high fever. I know no name that can be applied to the prevalent disease, which to my mind is only dengue. The dengue is, in fact, a painful affection, rapid in progress and of an epidemicity unequalled. We see in these cases a dominating pain, a sudden attack, the rapid disappearance of symptoms. I think the paresis described by our friend was simply the painful immobility so characteristic of dengue, as well as that singularity of attitude resulting from a fear on the patient's part to move the muscles. To me the present epidemic is nothing but one of pure dengue.

DR. JASCENICZ: I have had three cases of so-called grippe to-day, with the same symptoms described—general *malaise* and fever and not the slightest

respiratory disturbance. From a sanitary standpoint, the District in which I practice leads me to believe the disease an attenuated type of typhoid fever.

DR. M. J. ROUSSELL: I have been through epidemics of dengue at Bucharest, and afterwards at Alexandria, and in the past fifteen days have treated numerous cases here. The disease is dengue fever, but the form is mild, the symptoms varying with the individual, as one sees in every epidemic variations of type. Like our *colleague*, Dr. Gaudischier, I have observed the intestinal form in two employes of the Louvre; and, like Dr. Jascenicz, have noticed the angina form with typhoid symptoms; meantime it is not typhoid fever: the prostration and the paralytic appearances I have noted, as well as those cases mentioned by Dr. Nicholas. These paralytic symptoms are caused by the fear of moving, for movement imposes the most terrible pain—a pain that is wholly characteristic of dengue, and which has given the name to the disease.

My first clients this year have been subjects flying from infected towns, and were always terribly sick on their arrival, and spread the malady through the hotels in which they lodged. To-day I saw two brothers, separately infected Monday and Tuesday, on the Bourse. They contracted the dengue from their sister, who likewise transmitted it to a neighbor's family.

The disease is the infectious dengue, with the regular laryngeal cough and angina, atrocious frontal headache, and horrible aching in the joints—such pain that the patient is obliged to remain motionless, without speaking or eating or drinking, and, as a rule, with complete constipation. The face, lips, and eyelids are swollen and there are violaceous spots on the skin. Yesterday the patients took quinine and antipyrine without effect; to-day, purgatives produced very offensive stools, in fact, passages of horrible fetidity, denoting an affection of the whole organism.

To my mind dengue is a miasmatic disease, transported by the atmosphere and immediately contagious through

respired air exhaled previously from an infected person. The infection is sudden, general, profound, but fortunately as rapid in its disappearance as in its attack. Meantime, if the patient is not thoroughly purged, the disease is prolonged and a painful convalescence with a tendency to relapse becomes noticeable, with general anæmic feebleness, which aggravates constitutional maladies such as phthisis and scrofula.

A SIMPLE REMEDY FOR THRUSH AND SORDES.

Among the ill-fed children of the poorest residents of our large cities thrush is an extremely common and troublesome complaint. The following lotion, to be applied frequently with a feather or brush to the white patches, kills the *oidium albicans* more quickly than any other I know, and removes the patches after a few applications, leaving healthy mucous membrane. It consists of equal parts of *lotio nigra* and glycerine mixed. I attribute its action to the germicidal power of the mercury. The quantity used is so small as to be quite harmless. Another condition in which I have found the same lotion invaluable is in that of the *sordes* which collect so abundantly on the teeth, lips, and tongue in many cases of enteric fever. It cleans these parts as if by magic, and renders that unpleasant process known as "scraping the tongue" quite unnecessary. It may also with advantage be painted over the fauces, etc., in those unhealthy conditions of the throat which are so common in typhoid. I tried it in one case of catarrhal stomatitis, but it had no effect, whereas chlorate of potash effected an immediate cure. Also, in the *sordes* of advanced phthisis it seems to be of no use. Not having seen this lotion mentioned in any book, and having found it superior to any of the usual preparations in use for these affections, I venture to bring it to the notice of the profession, in the hope that it may prove as great a boon to other practitioners as it has been to myself.—ORD, *The Lancet*.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, February 1 1890.

The Week.

THERE WERE GIANTS IN THOSE DAYS.

Let there be gall enough in thy ink, though thou write with a goose pen, no matter.

—*Twelfth Night.*

Gazing down the dim vistas of the past through the aisles of the Temple of Time, we see, as in a vision the ghosts of the famous in medicine arise: those who once shed the lustre of genius on our hospitals and colleges; teachers whose names were honored and loved wherever the profession had an abiding place, for there were giants in those days. There stands the hard-working John D. Godman, with his classical volumes on the "Descriptions of the various Fasciæ of the Human Body" and "Contributions to Physiological and Pathological Anatomy," works showing much original research: there is John Locke, with his "Medical Botany of the West;" and John P. Harrison, with his "Elements of Materia Medica and Therapeutics," with erudite John Eberle, with his "Practice of Medicine;" there is the ill-fated L.

M. Lawson, with his "Treatise on Pulmonary Phthisis," and the brilliant and erratic Daniel Drake, whose volumes on the "Diseases of the Mississippi Valley" are alone a sufficient monument to perpetuate his fame through coming ages: there is the courtly and scholarly Gross, the lifelong student and worker; the calm and dignified Mussey; the impulsive but great-hearted George C. Blackman, with his translation of Velpeau and many voluminous surgical essays, a man whose peer as a bold, daring operator has never risen in the West—a triad of surgeons as celebrated as any America ever produced; there is the gentle, witty and most skilful obstetrician Cincinnati ever knew, M. B. Wright, whose operation of bimanual version has made his name famous throughout the world; there is Graham, the philosopher, the keen and satirical, the finest didactic lecturer that ever graced the Western medical amphitheatre; there is modest and retiring Edward Rives, whose worth and merit were never fully recognized by his *confrères*, the first of scientists to apply the magic lantern to microscopic demonstrations on the screen and the only ardent vivisectionist known in these parts; and there were a few others, stars, too, of lesser genius, who reflected the medical light of their times, but as we look they pass away to the shadows again.

"For none return from those quiet shores

Who cross with the boatman cold and pale;
We hear the dip of the golden oars,

And catch a gleam from each snowy sail.
Lo! they have passed from our yearning heart,
They have crossed the stream and have gone
for aye."

There are some of the good men still living who made Cincinnati a famous city for medicine. We have that old-

school practitioner, C. G. Comegys, the translator of "Renouard's History of Medicine," still with us, and age has dealt so kindly with him that the fires of youth are yet unquenched, and though his locks are silver his wisdom, fully abreast of the times, is golden. There is the classical and talented Theophilus Parvin, who has made a high name for himself as an author and more than graceful medical writer, now one of the famous professors of Philadelphia; there, too, is Roberts Bartholow, by far the hardest worker and most original experimenter in the field of medicine that ever made Cincinnati his home—a man of strong likes and dislikes, full of antagonisms but of undoubtedly great genius, an American author more widely quoted on the Continent of Europe than any other practitioner; he too has sought the more congenial clime of Philadelphia. There is Gobrecht, the finest of living American anatomists and editor of Wilson's Anatomy. Last, but not least, we retain our Dawson, the charming *raconteur* and skilful operator, who of late years has seemed to have abandoned the pen and scalpel for the pursuit of the salmon on the Sagueny, a true disciple of Izaak Walton, who woos nature in its sunniest moods. Yes, there were college giants in those days, men who worked early and late to promote the medical greatness of the city, men who carved names in the Temple of Fame.

"Ah! who can tell how hard it is to climb
The steps where Fame's proud Temple shines
afar."

To-day Cincinnati is overcrowded with college professors of innumerable types—surgeons who prescribe for the belly-ache; oculists who examine the rectum for hemorrhoids; gynecologists who play at obstetrics and support lacerated perineums; throat specialists

who attend cases of measles and scarlatina in hopes of turning an honest penny—a motley crew whose talent may be as great as is claimed by their friends, but whose light is certainly hid under a bushel, if we are to judge by the rays that are never apparent in current medical literature. Their genius may be great but their works are small. Men who occupy and monopolize hospital positions and college chairs are men to whom the masses of the profession look for original works in the field of science. How many real investigators have we in our midst? The drones who hum in the professional hive with so-called lectures and gather the honey from practice built by others' work are too numerous. There are several colleges in this community that live almost wholly on the reputation of the great of the past. This is wrong; that some of their professors are men of ability and learning goes without saying, but how many have reputations outside of their immediate vicinage? The friendship of students gives them a name rather than any earned merit. Perhaps the latent fires of genius may linger, awaiting some spark to ignite and illuminate the world; if so, the process has been slow the past ten years, and no ray of glory sheds its beacon light to attract the attention of the outside medical world. Have we arrived at a period of medical decadence? if so, we sincerely pray for the long promised and longer delayed *renaissance*. Was it written of the medical men of the past, "Wisdom shall die with you?" So long as our younger men are mere imitators, followers in the footsteps of their predecessors, content with the routine work laid down in accepted text-books, we can expect no great amount of original research. There are men outside of hospital and college positions who are fully

equipped and qualified for the work now neglected by time servers. One cannot expect to extract sunbeams from cucumbers. If Cincinnati intends to maintain its former reputation as a centre of medical teaching, its colleges must import outside talent or make places for men who only lack the opportunity to become real professors, and not retainmen with an unearned title. But enough, and pardon these digressions:

"Begot in the ventricles of memory, nourished in the womb of pia mater, and delivered on the mellowing of occasion."

T. C. M.

THE COWHIDING FIASCO.

The following account of the affair appeared in the *Commercial Gazette* of January 29:

The law firm of Burch & Johnson, with offices in the Johnston Building, went looking for wool yesterday and came away badly shorn. The weapons of offense and defense of the young limbs of the law consisted of large-sized rawhides. Their intended victim was Dr. J. C. Culbertson, the scholarly editor of the LANCET-CLINIC.

Some days ago the young attorneys brought suit in the Common Pleas Court against Dr. C. D. Palmer, charging him with malpractice on one of their clients, and claiming damages to the amount of \$10,000. After the filing of the suit for damages there were ugly rumors afloat about the manner in which Dr. Palmer had been approached by the attorneys previous to the bringing of the suit, and it resulted in the writing of several cards, which appeared in the public press.

The recent issue of the LANCET-CLINIC, which is devoted to the interests of the medical profession, had a strong editorial on the affair. It strongly criticised the attorneys and denounced the bringing of the suit. It also made serious charges against the legal gentlemen.

When the attorneys saw the article it sent the blood tingling through their veins, and a council of war was at once held. All kinds of terrible punishments were suggested for the fearless editor, but none seemed adequate for the offense.

Suddenly a bright idea dawned upon the brilliant mind of Burch. What a splendid thing it would be for both to arm themselves with rawhides, and not only give the Doctor a sound thrashing, but at the same time humiliate him before the public! This was perfectly delightful to Johnson. He wondered

that his ponderous brain had not hit upon it before it was suggested by Burch. They would do it. The bright young limbs of the law chuckled with glee as they saw their victim writhing with pain and begging for mercy.

For the nonce the law was forgotten. The young lawyers had tried and condemned their victim, and they could even see their feats of valor blazoned forth in the daily press. The fact that the victim might object to being treated like a horse never dawned upon them.

During all this time Dr. Culbertson was moving along in the even tenor of his way, and never for a minute suspecting the evil designs of the young attorneys.

At noon yesterday the valiant attorneys, each armed with a rawhide, made a descent upon the Doctor. He was found sitting in his office. Johnson entered first, saying, "This is Burch and I am Johnson." With this remark he drew a rawhide from under his coat and dealt the Doctor a stinging blow across the face. He was about to follow it up when the Doctor grappled with him and threw him down. At this point Burch interfered and was pulling the Doctor off Johnson, when Louis Roettcher, a young man employed by the Doctor, ran in and took charge of Burch. There was a momentary struggle, and then both lawyers were stretched out. The Doctor dealt Johnson several blows and Roettcher was getting in his work on Burch, when a private watchman entered and hostilities ceased. The Doctor ordered his assailants arrested, and they left in charge of the officer, but were allowed to go after reaching the sidewalk.

Later Dr. Culbertson called at police headquarters and swore out a warrant charging Burch and Johnson with assault and battery. He had with him the two ugly looking rawhides that he had captured from the enemy.

The warrant was placed in the hands of Court Officer Morris, and the prisoners were brought in. They were accompanied by Attorney Colston, who signed their bonds, and they were released.

At the personal and urgent request of Messrs. Burch and Johnson the article from the LANCET-CLINIC that provoked the affray is produced in full. It first refers to the bringing of the suit, and then goes on as follows: * * *

[Here follows the editorial in the LANCET-CLINIC of January 25.]

The gentlemen were indignant over the publication. There is no question about it being rather strong, and coming from the pen of the usually conservative Doctor makes it more surprising.

"I thought over the matter," remarked Johnson, "and I determined to resent the worse than insult. My character and reputation is too dear to me to have it assailed in such a manner. The matter was a purely business one, and why Dr. Culbertson should so vent his venom against persons with whom he had no acquaintance or knowledge I can not see. Dr. Palmer sent for us, and wanted

us to call on him before the suit was brought; but we sent back word that our office was in the Johnston Building, and if he wanted to see us he could call at any time during business hours."

Mr. Burch was present, and coincided with all that was said by his law partner. Dr. Culbertson was seen at police headquarters calmly toying with the two rawhides which he had captured as trophies of war. He has a badly discolored right eye, inflicted, he claims, by Mr. Johnson, in his efforts to gouge the member out. He also has a welt across the left cheek inflicted by a blow from the rawhide.

The following is taken from the *Cincinnati Enquirer* of January 29:

"Get out, you scoundrels! I'll whip both of you!"

Swish! swish! swish! went two rawhides over the speaker's head and shoulders.

This was the prologue to a very short but sensational scene yesterday afternoon.

It was in the office of the Cincinnati LANCET-CLINIC, a medical journal, published at No. 199 West Seventh Street. The characters were Dr. J. C. Culbertson, member of the Board of Aldermen and editor of the LANCET-CLINIC, and Wallace Burch and Simeon Johnson, two young and well-known attorneys doing business under the firm name of Burch & Johnson. It was Dr. Culbertson who threatened to whip the two men, while they in turn exercised their muscles with a rawhide, which they cracked over the head and shoulders of Dr. Culbertson. The trouble occurred over what Messrs. Johnson and Burch claim to be a libelous article written and published by Dr. Culbertson in the LANCET-CLINIC.

It seems that in April, 1888, Mrs. Mary Eislien, the wife of an honest, industrious laborer, was taken with womb trouble and went under the treatment of Dr. C. D. Palmer. It became necessary to perform an operation, and in some manner or other part of a needle was left in the organ operated upon. Several days later Dr. Palmer met with an accident that laid him up in bed for some time, and in consequence Mrs. Eislien suffered terribly. Finally she was removed to the Betts Street Hospital, where another physician succeeded in removing the needle. When the lady recovered she placed her case in the hands of Burch & Johnson, who brought suit against Dr. Palmer to recover \$10,000 damages for malpractice. Not wishing to push Dr. Palmer, Mr. Burch wrote him a letter relating to the suit, as follows:

WALLACE BURCH. SIMEON M. JOHNSON.)
Law Office of BURCH & JOHNSON,)
JOHNSTON BUILDINGS.

CINCINNATI, December 31, 1889.

Dr. C. D. Palmer. 308 West Seventh Street, City.

DEAR SIR:—Mr. Casper Eislien has called to see us in reference to a claim for damages against you in negligently permitting a broken

needle to remain in his wife after an operation by you in April, 1888. We are not disposed to create any "noise" about this matter, but would like for you to call at our office and see if the matter can not be amicably adjusted.

Very respectfully yours,

BURCH & JOHNSON.

In answer to this Dr. Palmer invited Messrs. Burch and Johnson to call on him during his office hours, which they did not do. Last week the suit was filed, and in last Saturday's LANCET-CLINIC an account of the case was published. Following the news in the case, Dr. Culbertson said, editorially: * * *

Messrs. Burch and Johnson saw a copy of the LANCET-CLINIC, and were very indignant at the language used by Dr. Culbertson in reference to the case. The more they thought of it the more they became convinced that they ought to whip the writer of the article. So yesterday about noon they went out and purchased two rawhides, each about three feet long. About 1 o'clock in the afternoon they called at the office of the LANCET-CLINIC, at 199 West Seventh Street. The editorial room is on the third floor of the building, while Dr. Culbertson's private office is on the ground floor, Mr. Louis Roettcher, foreman of the composing room, being in charge of the LANCET-CLINIC office. Dr. Culbertson was in his private office when Messrs. Burch and Johnson called. When Dr. Culbertson appeared Mr. Johnson made at the gentleman with his rawhide and struck him several times over the head and shoulders. Dr. Culbertson showed fight and grabbed Johnson. In the struggle that followed Dr. Culbertson got possession of the whip and struck Johnson several times in the face with the butt-end, drawing some blood. Then Mr. Burch took a hand and struck Dr. Culbertson several times with his whip. The noise of the scuffle attracted the attention of Mr. Roettcher, who was in the adjoining room, and he rushed in to take a hand in the fight. While Dr. Culbertson was still scuffling with Johnson, Roettcher seized Mr. Burch, floored and held him. Finally Dr. Culbertson and Mr. Johnson separated, and Johnson and Burch left the place and their whips in possession of the Doctor. As soon as Dr. Culbertson recovered his breath he put on his overcoat and, with blood in his eye, hurried to the Police Court and swore out a warrant for the arrest of Messrs. Burch and Johnson on the charge of assault and battery. They were arrested at their office by Court Officer Kuntz, and accompanied by Edward Colston, Esq., proceeded to the Central Station, where they were released on bond signed by Mr. Colston.

Messrs. Burch and Johnson were seen immediately after their arrest. They seemed perfectly willing to talk about the matter, and said very frankly that they called on Dr. Culbertson with the intention of whipping him. They claim that the article in the LANCET-CLINIC was malicious spite-work, calculated to injure them in their profession. Having no direct redress, the gentlemen said that they re-

solved to "get even" by punishing the writer of the article. Mr. Burch said that he did unintentionally use the word "noise" in his letter to Dr. Palmer, but it was not used in the sense that Dr. Culbertson put the construction upon it. He says that there was no thought or intention of shake-down or black-mail, but that the letter was written in good faith to Dr. Palmer to keep him out of a lawsuit if possible. Further, they say, if Dr. Palmer believed he was being black-mailed it was his place to say so, and not for Dr. Culbertson to abuse them with a scurrilous editorial without just cause or reason.

Mr. Colston said: "It was certainly a wrong and unjust attack upon two very worthy and reputable young men. I personally know Mr. Johnson and Mr. Burch, and I do not believe that they would act in any but an honest manner as attorneys in this matter. It is a very unfortunate affair, taken altogether, but I do believe that Messrs. Johnson and Burch were attacked in the LANCET-CLINIC without cause."

Dr. Culbertson is well known in medical and political circles in this city. For a number of years he has edited and published the LANCET-CLINIC, and for the past five years has represented the Eighteenth Ward in the Board of Aldermen. He was married about two years ago, and resides at Clifton and Ludlow avenues, Clifton.

Dr. Culbertson was visited by an *Enquirer* reporter last night at his residence. The only visible evidence of the affray was a bruise under the doctor's right eye. Asked what he had to say about the affair, he replied:

"I have little to say. It was shortly after 1 o'clock this afternoon when there was a violent ring at the door-bell of my office. There was no one in the room but myself, and I opened the door. Mr. Johnson stepped in, followed by Mr. Burch.

"I knew Mr. Johnson by sight, but had never spoken to him nor he to me. I had never seen Mr. Burch before. As soon as they got inside of the room Mr. Johnson, without saying a word, struck me over the head with a raw-hide whip. I grappled with him and wrested the whip from his hand. Then Mr. Burch struck me across the left side of the face with a whip.

"The foreman of my printing office, who was in the back room, hearing the scuffle, came in at that moment. I told him to take care of Burch and I would manage Johnson, with whom I was struggling. He caught Burch and prevented him from doing anything. Together, the foreman and myself handled them probably as they had not been handled for some time. The only thing said during the difficulty was by Johnson and Burch, who exclaimed several times that they had come to defend their characters.

"The trouble, of course, grew out of the article in the LANCET-CLINIC, in which I expressed my opinion freely about the suit against Dr. Palmer. The occurrence was just as I have related. More than that I have nothing to say."

The morning after the above narrated dramatic occurrence there was held in the office of the LANCET-CLINIC a veritable ovation. Physicians, dentists, and other friends called in large numbers to tender sympathy and congratulations, while the postman and messengers brought letters and cards. Our thanks are tendered for all the kind expressions, but the fact is, all the time we felt that it was the other fellows that needed condolence and sympathy.

THE employes of the LANCET office with Mr. Louis Roettcher, the foreman, at their head, have a realizing belief in the efficacy of blood-letting as performed in that office. Messrs. Burch and Johnson, Attorneys, will on application attest the skillful manner in which the operation is performed by the LANCET experts.

PRUDENT.—When a certain entire law firm meditates a visit to the LANCET-CLINIC office, it will be only kind to themselves to secure an ambulance. No charge for this advice.

OUR thanks are hard to express for the instantaneous and effective loyalty exhibited in the LANCET printing department.

THE hospital capacity in Cincinnati has recently been increased, but not before needed.

ACADEMY OF MEDICINE.—

Monday evening, February 3, DR. REAMY will report "Two Cases of Abdominal Tumors," with presentation of specimens. DR. G. S. MITCHELL will report a case of "Accidental Hemorrhage."

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, February 4, DR. S. STARK will read a paper entitled "Contraction of the Sacro-Uterine Ligaments."

THE DAWSON PRIZES

AWARDED IN THE GOOD SAMARITAN
HOSPITAL AMPHITHEATER.

January 29 a large number of prominent physicians of the city and the students of the Medical College of Ohio, collected in the amphitheater of the Good Samaritan Hospital, to witness the annual contests in bandaging, surgical dissecting, and anatomical and surgical drawing. Among the physicians were noticed Drs. Judkins, Brunning, Reed, Walker, Christopher, Conner, Hyndman, Oliver, McKee, Knight, Juler, Armstrong, Phythian, Woodward, Ernst, of Covington, and Tingley, of Newport.

Professor W. W. Dawson for a number of years has offered a gold medal, about the close of the session, in each of the three departments. These are contested for with great earnestness by the students. The first exhibition was for the prize in bandaging. Seven young gentlemen, with determination marked in each face, entered the arena. Each one was accompanied by his subject—a nude form. The contestants were J. D. Davis, of Ottawa, Kas.; Wm. A. Galloway, of Xenia; J. H. Hundley, of Olney, Ill.; H. Kattenhorn, of Cincinnati; R. Brown, of Cincinnati; John A. Warde, of —, O., and J. F. Lemon, of Cincinnati. The area was cleared of all except the ambitious and skilled students, their nude figures and the committee.

The committee consisted of the following distinguished gentlemen: Dr. Cundell Juler, Chairman; Professor E. W. Walker, Dr. C. L. Armstrong, Dr. F. Brunning and Professor C. A. L. Reed.

The Chairman, Dr. Juler, gave directions as to the manner of bandaging, where and how to apply the bandages. The perfection, the ultima thule of the art, is to make the "roller," as the doctors call the bandage when it is ready to be applied, fit like a stocking—it must press upon all parts alike, produce

no strangulation, however slight. The tournament lasted something over one hour. It was gratifying to the large audience to witness the rare skill displayed by the deft hands in laying the white "rollers" to all parts of the body, and to an outsider it was hard to decide where the "Dawson gold medal" should go, all seemed to exhibit such marked tact and skill.

Dr. Dawson, at one time near the close, said it matters but little who gets the medal, all being so excellent, and the skill acquired so valuable that it will be of incalculable benefit throughout the physician's entire life.

The Committee on Drawing was composed of Drs. Culbertson, Tingley, and Boylan. The gentlemen who presented specimens of their work were W. E. Bell, E. Rinear, J. D. Davis, J. B. Wilcox, and A. T. Horsman. The Chairman, Dr. J. C. Culbertson, complimented the young gentlemen upon their efforts, but advised them to cultivate drawing from nature, that this would give their work much greater value.

Finally the Committee on Dissecting, consisting of Drs. Oliver, Caldwell, Woodward, Knight and Drury, called for the specimens of dissecting. Seven students responded. They were F. M. Barden, L. O. Gragg, Chas. B. Carr, W. F. Prather, W. R. Brown, L. Striker and H. A. Russ. Two of the dissectors presented dissections of the inferior extremity from the pelvis to the foot; the remaining five exhibited dissections of the superior extremity, embracing the muscles, blood-vessels and nerves found from the shoulder to the tips of the fingers. The dissections showed industry, knowledge and deft hands. Some of the specimens had tags attached, giving the name of each artery, vein, muscle and nerve, making them valuable for preservation and reference. Dr. Oliver, the Chairman, complimented the contestants very highly.

After interesting remarks from Dr. Culbertson, Professor Conner and Dr. Juler, the committeemen, the contestants and the members of the profession present were invited to a most tooth-

some and tasteful repast, furnished by the Superior, Sister Basilia, and her devoted band of Sisters of Charity.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending January 25, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	1	..	..	..	..	..	..	..	..	..	..
2.....	1	..	..	..	..	..	1	..	..	..	..
3.....	..	..	1	..	..	..	1	..	..	..	..
4.....	..	..	1	..	4	..	..	..	..	..	..
5.....	1	..	..	..	..	..	..	..	..	..	..
6.....	1	1	..	..	..	..	1	..	..	..	..
7.....	..	..	..	..	..	..	3	..	..	..	..
8.....	..	..	..	..	1	..	..	..	..	..	..
9.....	3	..	..	..	..	..	..	..	..	..	..
10.....	5	..	..	..	1	..	..	..	..	..	..
11.....	2	..	..	..	1	3	2	1	1	..	..
12.....	..	..	..	..	3	2	1	1	1	1	1
13.....	2	..	1	..	3	1	..	..	..	..	..
14.....	..	..	..	..	5	..	1	..	..	..	..
15.....	..	..	..	..	2	1	..	..	..	..	..
16.....	..	..	..	..	..	..	1	..	..	..	..
17.....	..	..	..	..	..	..	1	..	..	..	..
18.....	3	..	..	..	..	..	..	..	..	..	..
19.....	..	..	..	..	1	..	..	..	..	..	..
20.....	..	..	..	..	..	..	1	..	1	..	..
21.....	..	..	..	..	..	..	..	..	..	..	..
22.....	..	..	1	..	..	..	1	..	1	..	..
23.....	..	..	1	..	..	..	..	..	..	..	..
24.....	..	..	..	..	..	..	..	..	..	1	..
25.....	..	..	..	..	1	..	1	..	..	..	..
26.....	..	..	..	..	..	..	..	..	..	..	..
27.....	..	..	..	..	..	..	1	..	..	..	..
28.....	1	..	..	..	..	..	1	..	..	..	..
29.....	..	..	..	..	..	..	..	..	..	..	..
30.....	..	..	..	..	..	1	..	..	..	..	..
Cin. Hosp.	..	..	..	..	..	..	..	..	..	..	..
St. Mary's Hosp.	..	..	..	..	..	..	..	..	..	1	..
Totals.....	20	1	4	1	19	3	17	7	5	2	..
Last week.	19	2	5	1	8	3	22	9	6	..	..

The following is the mortality report
for the week ending January 25, 1890.

Croup.....	2
Diarrhoea.....	1
Diphtheria.....	7
Enterocolitis.....	4
Measles.....	1
Scarlet Fever.....	1

Typhoid Fever.....	5
Whooping Cough.....	3
Other Zymotic Diseases.....	6—30
Cancer.....	5
Phthisis Pulmonalis.....	23
Other Constitutional Diseases.....	7—35
Apoplexy.....	1
Bronchitis.....	17
Convulsions.....	6
Heart Disease.....	6
Peritonitis.....	4
Pneumonia.....	35
Other Local Diseases.....	21—90
Old Age.....	2
Other Developmental Diseases.....	11—16
Accidental.....	2
Suicidal.....	2—4

Deaths from all Causes.....	175
Annual Death-rate per 1,000.....	28.00
Deaths for corresponding week in 1888....	101
Deaths for corresponding week in 1887....	140

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Reports to the Ohio State Board of
Health from 25 observers for the week
ending January 24, 1890.

Form of Disease. In the order of prevalence.	No. who reported cases.	No. of cases reported.	REMARKS.
			Infectious Diseases as reported to health officers in 70 cities and villages during the week ending January 24, 1890:
Bronchitis, acute..	19	137	Diphtheria: Toledo, 12 cases, 4 deaths; Cleveland, 12 cases, 9 deaths; Springfield, 4 cases; Youngstown 3 cases; Mansfield 2 cases; Cambridge. 1 case; Defiance, 1 case; Geneva, 1 case; Dunkirk, 2 cases, 1 death; Millersburg, 2 cases; Glenville, 1 case; Bloomville, 1 case; Dayton, 1 case; Wellington, 2 cases, 1 death. Scarlet Fever: Toledo, 2 cases; Cleveland, 30 cases, 1 death; Springfield, 2 cases; Akron, 1 case; New Straitsville, 2 cases; Zanesville, 2 cases; Canton, 3 cases; West Cleveland, 1 case; Ironton, 2 cases; Chillicothe, 4 cases; Fostoria, 2 cases; Defiance, 2 cases; Painesville, 1 case; Glenville, 1 case; Geneva, 2 cases.
Tonsillitis.....	14	38	
Pneumonia.....	13	27	Typhoid Fever: Cleveland, 5 cases, 4 deaths; Springfield, 1 case; Youngstown, 3 cases; Piqua,
Diarrhoea.....	9	29	
Rheumatism, acute.	9	15	
Measles.....	6	24	
Diphtheria.....	4	6	
Intermittent Fever..	3	13	
Remittent Fever.....	3	5	
Consumption, pul	3	5	
Pleurisy.....	3	4	
Typho-Mal. Fever..	3	4	
Erysipelas.....	2	2	
Whooping-Cough..	1	2	
Typhoid Fever.....	1	1	
Scarlet Fever.....	1	1	
Cer. bro-pin. Men.	1	1	
Cho'era Infantum	1	1	
Puerperal Fever.....	0	0	
Cholera Morbus.....	0	0	
Croup, membranous.	0	0	
Dysentery.....	0	0	

2 cases; Fredericksburg, 2 cases; Marysville, 3 cases; Bridgeport, 4 cases; Glenville, 1 case.

No infectious diseases reported to health officers in the following places: Wellston, New Bremen, Salem, Warren, Ada, Lewisburg, Shelby, West Alexandria, New London, Crestline, Norwalk, Carthage, Bloomington, Versailles, Mentor, Kent, Quaker City, Mechanicsburg, Mt. Vernon, New Richmond, Rawson, Nelsonville, South Charleston, Upper Sandusky, Felicity, Leesburg, Lancaster, Logan, Miami Tp., Laurel Tp., Wabash Tp.

Influenza reported as abating in Masillon, Piqua, Youngstown, Upper Sandusky, Leesburg, Felicity, and South Charleston.

Small-pox: One case in Columbus.

C. O. PROBST, M.D., Secretary.

SOURCE OF COLORS.

The cochineal insects furnish a great many colors. Among them are carmine, crimson, scarlet carmine, and purple lakes. A sea shell belonging to the purpura, and found in Japanese waters, gives a rich violet dye. The cuttlefish gives the sepia. It is the inky fluid which the fish discharges in order to render the water opaque when attacked. Indian yellow comes from the feces of the camel. Ivory chips produce ivory black and bone black. Prussian blue is made by fusing horses' hoofs and other refuse animal matter with impure potassium carbonate. Various lakes are derived from roots, barks and gums. Lamp black is soot from certain resinous substances. Turkey red is made from the madder plant, which grows in Hindostan. The yellow sap of a tree of Siam produces gamboge; the natives catch the sap in cocoanut shells. Raw sienna is the natural earth from the neighborhood of Sienna, Italy. Raw umber is also an earth found near Umbria and burnt. India ink is made from burnt camphor and gum. The Chinese and Japanese are the only manufacturers of this ink. The process is a tedious one and requires great skill. The finer grades of India ink are delicately scented with ottar of roses, and one stick about three inches long may cost four or five dollars. Age improves the ink. Mastic is made from the gum of the mastic tree, which grows in the Grecian Archipelago. Bistre is the soot of wood ashes. Very little real ultramarine is found in the market. It is obtained from the precious lapis-lazuli, and commands a fabulous

price. Chinese white is zinc, scarlet is iodide of mercury, and native vermilion is from the quicksilver ore called cinnabar.

THE Postal Laws make it larceny to take a newspaper and refuse to pay for it. A newspaper in Illinois recently brought suit against forty-three men who would not pay their subscriptions, and obtained judgment in each for the full amount of the claim. Of these, twenty-eight men made affidavit that they owned no more property than the law allowed them, thus preventing attachments. Then they, under the decision of the Supreme Court, were arrested for petty larceny, and bound over in the sum of \$300 each. All but six gave bond, while six went to jail.—*Pharm. Record.*

SOME time ago it appeared from statistics that the heads of Americans and Englishmen were growing larger. Quite recently (*Med. Record*) Mr. Edward Atkinson has collected statistics which show that the whole American, as well as his head, is growing bigger. It seems that the Yankee and the Southerner are somewhat similar in figure; and they both have comparatively long legs and small waists. In the West, we are told, the waists are proportionately larger and the legs shorter from "climatological and ethnological causes."

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

WE have a few copies of Dr. W. E. Ryan's "Aphorisms in Diseases of the Rectum," which we will send by mail on receipt of \$1.00. This is an excellent work, and worthy a place in any library.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.

Selected.

A NEW CONTRIBUTION TO THE STUDY OF PNEUMONIA.

It was in 1882 that Friedlander announced the discovery in the exudates of pneumonia of a peculiar micro-organism, which he thought to be the cause of the disease, and which has since then been called Friedlander's microbe. Other investigators, as Leyden and Gunther, confirmed the discovery. The experimental demonstration of the causal relation of this microbe to acute pneumonia was made by Friedlander, of Berlin, and by Talamon, of Paris.

It will be remembered that Friedlander injected directly through the walls of the chest, by means of a Pravaz syringe, a certain quantity of microbes held in suspension in distilled water; hares, guinea pigs, dogs and mice were the subjects of the experiments. The hares remained refractory. All the mice succumbed in from eighteen to twenty-eight hours after the injection, and the autopsy revealed intense pulmonary congestion with nodules of red hepatization. Out of eleven guinea pigs, six died with pneumonic lesions. Of five dogs, only one succumbed with similar lesions. In another series of experiments, mice were made to inhale a spray containing the coccus in suspension; many succumbed with the lesions of typical pneumonia.

Talamon about the same time confirmed Friedlander's results by a series of similar experiments on hares and guinea pigs. The lungs of hares presented by him to the Anatomical Society constituted typical specimens of true lobar fibrinous pneumonia. Affanassieu repeated these experiments in Professor Cornil's laboratory, with like results.

Recently Platania, an Italian experimenter, has undertaken similar researches with Friedlander's pneumococcus (*Bull. de Thér.*, December 15, 1889). He has produced pneumonia by inoculating the microbe by the natural passages, at the same time favoring the

result by aseptic traumatism of the lung through the thoracic parietes, or by causing the animal to inhale irritant gases, as ammonia, hydrochloric acid, etc. He has found, as a condition of experimentation, that some degree of traumatism at the point of inoculation, whereby the vital resistance of the lung is weakened, is necessary; it was not enough that the pneumococcus should be simply inhaled, and all such experiments failed to induce pneumonia.

Platania has endeavored to ascertain whether chilling of the pulmonary texture, formerly regarded as the direct cause of pneumonia, was also a predisposing condition of the production of the disease in animals inoculated with or made to inhale the specific microbe. Animals after inoculation were placed in a frigorific apparatus for a brief time; these invariably succumbed more readily to the disease with more elevated temperature and more extensive pneumonic lesions than animals similarly inoculated that had not been exposed to the cold. Out of eleven guinea pigs inoculated by the trachea and exposed for half an hour to intense cold, in eight the result was positive and in three negative. "If," he says, "we compare this experiment with that of simple tracheal inoculation, where in ten cases nine were negative, we are obliged to conclude that the influence of chilling does really manifest itself in our experimentation as a condition which predisposes the organism to cultivate in the lung the pneumococcus of Friedlander."

Platania also varied the experiment, both in subjecting the animals to refrigeration and in making use as the material of infection, of dust containing the specific disease germs, which the animals were made to inhale with cold air. Out of eight cases, three were positive and five negative.

As the complement of these researches, he studied the action of chilling alone. He placed a certain number of animals for a time in an elevated temperature (104° F.), then chilled them in various manners, by plunging them directly in ice-cold water, by enclosing them in boxes surrounded by a

frigorific mixture, etc. The results were conformable to those already obtained by other experimenters—that is, there was found a state of hyperæmia of divers organs, but never the least focus of inflammation, or anything like pneumonia, in any of the animals subjected to experiments of this kind.

Doubtless the majority of pathologists now incline to the view that the microbic origin of frank fibrinous pneumonia is rendered more than probable by researches such as those above described. It is not yet definitely settled whether the encapsulated micrococcus of ordinary saliva, called by Sternberg *micrococcus Pasteuri*, be really identical with Friedlander's pneumonia-coccus. It will be remembered that Sternberg induced pneumonia in rabbits by injecting this microbe; and still more recently, Chautemesse has shown by numerous experiments that the injection of two or three cubic centimètres of normal saliva into the lung determines in twenty-four hours the death of the animal, after having produced an intense fever and a red hepatization, with, at the same time, a fibrinous pleurisy and pericarditis in which the encapsulated micrococci exist in great numbers.—*Boston Med. and Surg. Journal*.

CEREBRO-SPINAL FLUID.

Steadily, during the last few years, evidence has accumulated to modify the generally received opinions as to the mode of formation of lymph and of the fluids present in the various cavities of the body, each successive research into the subject tending to show that the production of what are termed "transudations," is dependent upon something over and above the laws of filtration and diffusion through animal membranes, so far as our knowledge of those laws extend. When, for example, it can be demonstrated that the amount of any given serous fluid, produced under certain circumstances, does not correspond to the changes that have taken place coincidently in the blood pressure; when the exhibition of one or other drug can be shown to increase or inhibit the production of the fluid independ-

ently of any marked change in the circulation; when again the proportion of the various constituents of the transudation is such as cannot be explained by what we know concerning filtration and diffusion, as it occurs outside the body—a more diffusible substance, for instance, being present in smaller quantities than one that diffuses with difficulty; then in all these cases some further factor must be called into account, and we must conclude that the epithelium of the surrounding capillaries or the cells lining the cavity in which the fluid gathers have, if only to a small extent, a power of controlling the amount of fluid passing through and between them, and further of determining the amount of each constituent of that fluid. In fact we are led, under the circumstances, to conclude that the transudation is "governed" by the cells and thus far becomes allied to a secretion. And if the fluid contain a substance or substances absent, normally, from the blood, then the proof becomes absolute that here we are dealing with phenomena of active metabolic secretion. As the result of numerous careful analyses of cerebro-spinal fluid, obtained from more than a dozen cases, in which, either during life or post mortem, he was able to obtain sufficient quantities to repay examination, Professor Halliburton (*Journal of Physiology*, p. 232, 1889), has brought forward much fresh evidence as to the composition of this fluid; evidence which, so far as it goes, would seem to demonstrate that the cerebro-spinal fluid is something more than a mere transudation.

From the point of view of anatomy, as well as from an embryological standpoint, there is a marked difference between the spinal canal with the associated cerebral ventricles and subarachnoid cavity and the cavities of ordinary serous membranes. From these considerations alone, it might be expected that there should be differences in the composition of the fluids of the two sets of spaces. And this is the case. All observers have found that the percentage of proteids present in cerebro-spinal fluid is singularly small, varying from under 0.1 per cent. to rather more than

2.0. Where more than 0.5 per cent. has been found there seems generally to have been some coincident inflammation, the fluids being taken from cases of spina bifida. Lymph, on the other hand, contains 3 to 4 per cent. of proteids (about half as much as that of the blood serum). The disproportion is remarkable. Further, the individual proteids present are very characteristic. Globulin, which appears to be a constant constituent, was in two cases of spina bifida the sole proteid. Only once did apparently normal cerebro-spinal fluid contain albumen, although serum albumen is present in lymph in relatively large quantities. Albumoses, which are not to be found normally in blood, pericardial, pleuritic, or ascitic fluid, or in the serum of blisters, were discovered in the great majority of specimens examined, and fibrinogen, save in one case of acute inflammation, was throughout absent. But in addition to the albumoses, Halliburton finds another special and curious constituent of the cerebro-spinal fluid. The existence of a reducing substance in this fluid was known to Claude Bernard, and several observers have since confirmed the discovery. So long ago as 1854 Turner suggested that this was not a carbohydrate at all, but some derivative of albumen. Since then Gorup-Besanez has suggested that the substance is the same as the reducing body alcapton, which Bodecker found to be occasionally present in the urine, and which has since been shown to be, or to be allied to pyrocatechin. Halliburton has now demonstrated that this reducing substance in the cerebro-spinal fluid conforms to all the tests for pyrocatechin. It would seem that the saline constituents of the fluid are the only bodies that evince no peculiarity, and correspond in proportion and amount to what obtains in this respect throughout the fluids of the body.

The absence of certain proteids, the presence of others, such as albumoses, and the existence in the cerebro-spinal fluid of this characteristic body pyrocatechin, would then, taken together, seem to point strongly to the conclusion that this fluid is something even more than a "governed" transudation, and

that, in fact, some, at least, of the cells lining the cavities in which it exists have active metabolic powers.

—*Med. Chronicle.*

REST IN THE TREATMENT OF PHTHISIS.

The value of rest in the treatment of phthisis is thought to have been suggested first by Dr. Weir Mitchell more than ten years ago. In a recent number of the *Medical and Surgical Journal*, Dr. Thomas J. Mays, Professor of Diseases of the Chest, at the Philadelphia Polyclinic, calls attention to this point.

He believes that phthisis must be looked upon as an affection, the fundamental lesion of which is a disease of the pneumogastric nerves, and not as a local inflammation of the lungs. This theory he first presented about two years ago, and he now states that this idea has been fully confirmed by later researches, and that the neurotic theory furnishes the only rational explanation of the beginning, the course and the termination of pulmonary phthisis. This rather startling statement is all that he makes known at present, but he proposes to publish in book form the results of his investigation from every available standpoint.

He goes on to say that if pulmonary consumption is viewed as a neurosis, it is necessary, in order to be consistent in practice, to remodel and revolutionize some of our ideas concerning the treatment of this disease. Weir Mitchell has shown that absolute rest, or an approach to it, is one of the most vital factors in the successful treatment of serious nervous diseases. *Ergo*, rest is the proper treatment for phthisis, considered in the light of a neurosis. He then relates four cases in which apparent recovery followed the application of this line of treatment, and is certain that the examples given represent the results which can be gotten in the great majority of consumptives who present themselves for treatment.

This encouraging promise is something of a departure, and we hope it will not be long before we are able to tell whether or not it can be fulfilled.

The doctrine of rest, though so utterly opposed to previous and existing methods of management of phthisis, and, therefore, not certain of a cordial welcome, has one thing in its favor, leaving aside the not very strong argument with which Dr. Mays supports it, and this is the fact that it has never been given a fair and extended trial.

Leaving out of account the consideration of phthisis as a neurosis, which fact Dr. Mays proposes to fully demonstrate (?), the mere fact that other methods of treatment looking toward a permanent cure are, to say the least, unsatisfactory, and the fact that rest, as applied to the treatment of certain classes of nervous diseases, and a few cases of phthisis, has given good results, though apparently not backed by a strong array of argument, these considerations should influence in favor of the further trial of rest as a remedial measure in phthisis, even upon a purely empirical basis.—*Weekly Med. Review.*

RECENT AIDS TO DIAGNOSIS IN CANCER OF THE STOMACH.

Several points of minor importance are first mentioned by the author, Dr. H. Häberlin (*Deutsches Archiv für klinische Medicin*, Band XLV, Heft 3 und 4):

Distension of the stomach, with carbonic acid gas; examination with the electric light; the examination of particles detached from the new growth. For various reasons these are not of much practical importance; of somewhat greater value is the estimation of the amount of urea in the urine. This has been found to be greatly diminished in cancer of the stomach, but unfortunately is also greatly diminished in other diseases. The amount of indican in the urine is also of no value. Of considerable value are: (1) The presence or absence of free hydrochloric acid in the contents of the stomach; (2) the rate of absorption from the stomach; and (3) the amount of hæmoglobin in the blood.

With regard to the absence of free HCl in cancer in the stomach, the researches of various authorities are given.

Dr. Häberlin examined the contents of the stomach thirty-five times in twenty-one cases. There was no trace of free HCl in seven cases only; hence, as was previously stated by Cahn and v. Merling, HCl occurs in the majority of cases of cancer of the stomach. Two series of observations were made; in one the HCl was estimated by chemical analysis; in the other Congo red paper was used. In five cases the Congo paper gave no reaction, but HCl was found by chemical analysis. Either the HCl was too small in amount, or the presence of other substances prevented the occurrence of the color reaction, two causes which were eliminated by the more accurate chemical analysis. In eleven cases the Congo paper gave no reaction; in two doubtful cases a reaction was obtained. Most of the eleven cases were pyloric cancer, with dilatation of the stomach; hence, in these cases of cancer of the pylorus with dilatation of the stomach, the gastric juice, obtained through vomiting, did not contain enough free hydrochloric acid to color Congo paper blue. A case has been recorded by Frachsler where the differential diagnosis between ulcer and cancer was very difficult. The Congo paper on various occasions gave no reaction, and the autopsy confirmed the diagnosis of cancer of the stomach. It is only of scientific value that very small amounts of HCl are detected by means of accurate chemical analysis in most, perhaps all cases. These traces are never sufficient for normal digestion.

Observations were made with regard to the power of absorption from the stomach. Iodide of potassium was given in capsules, and the saliva tested repeatedly for the presence of iodide. The time between the taking of the iodide and the first appearance of the salt in the saliva was noted. In health this is from eight and a half to fourteen minutes.

The time is increased in all diseased conditions, but most in dilatation of cancer of the stomach, and especially cancer of the pylorus. Thirty cases of cancer of the stomach were examined. In twenty-six the time of absorption was increased (87 per cent); in four

cases it was normal. The times at which the iodide was first found in the saliva are as follows: In eight cases, more than one hour; in five cases, three-fourths to one hour; in four cases, one-half to three-fourths of an hour; in four cases, twenty-two to thirty minutes; and in five cases, twenty to twenty-one minutes. Hence, from the results of this test, cancer cannot be diagnosed or excluded with certainty.

Nevertheless, this test, along with the estimation of the free HCl, is of great value, as together they indicate the secretory and absorptive power of the mucous membrane of the stomach. Such severe degeneration of the mucous membrane as to give rise to marked retardation of the rate of absorption, together with failure of the reaction for free HCl, seldom occurs except in case of cancer.

In a great majority of cases the amount of hæmoglobin in the blood is diminished by 50 per cent. Exceptions, however, occur. This diminution of hæmoglobin, taken along with the two tests just mentioned, is of weight, and all three together form aids of great value in the diagnosis. Under all conditions they give sure information as to the functional activity of the stomach and the general condition of the patient.

—*Med. Chronicle.*

THE TREATMENT OF SCIATICA.

It is essential in every case of sciatica to prescribe complete rest of the limb, and most cases, if treated in this way, with the addition of hot linseed meal poultices along the affected nerve, will soon get well. In the gouty habit, it is also advisable to order saline purgatives and iodide of potassium in five-grain doses, together with a similar amount of antifebrin. Hypodermic injection of morphia or cocaine will often give relief to the pain, but have no curative tendency. If there be fulness at any part of the nerve, acupuncture or leeching may be tried; and, failing these, massage and electricity must be used. Galvanism should be used while pain exists, and in the way recommended by Dr. Steavenson, who applies a

wet pan, of metal and amadou, connected with the positive pole, over the abdomen, and moves a carbon disc electrode connected with the negative pole gently up and down over the course of the sciatic nerve. Dr. Eccles thinks it not unreasonable to suppose that much of the acute suffering in sciatica is due to the pressure of the abnormally increased fluid within the nerve sheath upon the *nervi nervorum*; and he suggests that the degeneration of the nerve fibres is due in many cases to the interference with their nutrition by the œdema within and the stagnation without the affected nerve sheath. This theory offers an explanation of the good results which often follow acupuncture, leeching, or massage. Nerve stretching should only be employed as a *dernier ressort*; its chief value probably consists in the release of the nerve from adhesion.—SIMON, *Birmingham Med. Review.*

INFLUENCE OF ALCOHOL ON THE ASSIMILATION AND METABOLISM OF NITROGEN IN FEBRILE PATIENTS.

Dr. Diakonoff, of Professor I. T. Tchüdnovsky's clinic, in St. Petersburg (*Vratch*, No. 39, 1889, p. 854), has undertaken a course of experiments on febrile patients, with the object of elucidating the effects of alcohol on the assimilation and metabolism of proteids, as well as on the kidney, skin, appetite, etc. Of the seven patients experimented upon, six were suffering from enteric fever and one from exudative pleurisy; two were total abstainers and five occasional alcohol consumers. Alcohol was administered internally, in the shape of a 40 (Tralles') per cent. *vodka* (aquavit), four times a day, the daily dose being invariably fifty cubic cm. of absolute alcohol. The patient's diet was limited to milk and white bread. A general treatment of the cases was purely expectative—*i. e.*, no remedies, baths, etc., were employed. The following are the corollaries drawn by Dr. Diakonoff from his experiments:

1. In febrile patients alcohol (in the said doses) invariably lowers the as-

simulation of nitrogenous ingredients of food.

2. No difference between habituated and non-habituated persons can be observed in regard to that effect of alcohol.

3. Alcohol spoils appetite, and increases both the total daily amount of fæces and the proportion of water and coagulated caseine therein.

4. It decreases an absolute quantity of albumen undergoing decomposition in the system.

5. In such cases where the assimilation of nitrogen sinks but slightly, alcohol lowers the nitrogenous metabolism. In such cases, however, where the depression of the assimilation is considerable, the metamorphosis proves to be augmented.

6. Alcohol disturbs the metabolism also in qualitative regards, since it raises the proportion of under-oxidized products.

7. It considerably increases the daily amount of the urine. [The statement is diametrically opposed to that of Dr. Mohilansky—*vide the Medical Chronicle*, November, 1889, p. 128. The latter observer, however, experimented upon healthy people.]

8. It markedly depresses the aqueous losses through the skin and lungs.

9. The decrease in the assimilation and the increase in the renal secretion remain more or less marked even for some time after discontinuing the administration of alcohol.

10. The patient's subjective state seems to be improved by alcohol.

—*Med. Chronicle*.

SEVERE CONTINUOUS CEPHALALGIA AS AN EARLY SECONDARY IN SYPHILIS.

It is well known that there are forms of headache due to syphilis in its later stages. There is also a well-marked type, less recognized, which occurs in the developmental stage of the disease, and which overshadows all other symptoms. It may be the first symptom of general manifestations, and is then recognized with difficulty. This form of headache is severe, prolonged,

and continuous, and there is no complete intermission. The whole scalp may be so tender that the hair will be left uncombed. It involves the whole cranium, while the headaches of late syphilis are more apt to be localized. It may be attended by delirium, especially at night, though it does not otherwise present such marked nocturnal exacerbations as do later troubles. The cases related indicate that it occurs predominantly and in greatest severity in women. In several of these cases the onset of the headache seems to have antedated the outbreak of the cutaneous symptoms by about three weeks. The specific cephalalgia usually yields quickly to special treatment. As an adjuvant, gelsemium is valuable, while the digitalis group tend to increase suffering. Pilocarpine and aconite have also been recommended for syphilitic headaches in general. — BROWNING, *Brooklyn Med. Jour.*

ANTIPYRIN AND THALLIN AS HÆMOSTATICS.

Dr. Moncorvo (*Journal de Méd. de Paris*) summarizes his views regarding the hæmostatic action of antipyrin and thallin as follows:

1. Antipyrin and thallin should be considered as hæmostatics whose efficacy surpasses that of their congeners in so far as relates to their direct action upon the hemorrhagic focus.

2. This hæmostatic property has been proved by experimentation upon animals and by clinical experience.

3. Acetanilid and phenacetin do not appear to possess much hæmostatic power.

4. The hæmostasis produced by antipyrin and thallin seems to be explained by the constriction which they produce in the vessels as well as by the coagulation of blood which is hastened by their action.

5. This interpretation, however, is at present only a hypothesis which needs additional support from experimentation—*Journal of the American Med. Association*.

See Reduced Rates, advg. page xix.

Bibliography.

TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY.

Twenty-fifth annual meeting. New London, Conn., 1889. Published by the Society.

On opening this good-sized volume, which largely represents the work of an earnest society of specialists, we find the first pages are given up to an engraving, with biographical sketch, of the late Dr. E. Williams, of this city, by his student, friend and partner, Dr. Robert Sattler. The matter of the sketch has mainly been published in our columns, but in the author's summary of the literary contributions of professional work done by Dr. Williams we were struck with the fact that every line of those contributions—and they were many and valuable—were first printed in the *Lancet and Observer* and its immediate successor, the *LANCET AND CLINIC*. Through the pages of this local medical journal was the

work of this most eminent of oculists made known to the professional world. Every year from January, 1856, to a short time before his death were the pages of this journal enriched by his contributions, and through them was spread a practical knowledge and fund of information that blessed the whole human family.

No physician more fully appreciated the value of his own work and its results than Dr. Williams, and the everlasting monument of his skill and thought stands forth as brilliant as the noonday sun in the pages of the *Cincinnati Lancet and Observer*.

THE following is a broad rule: Dropsy of the feet alone means heart, dropsy of the belly alone means liver, and dropsy of all the body means kidneys.—*Med. Summary*.

AN Irish editor says he can see no earthly reason why women should not be allowed to become "medical men."

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD will be sent to any physician, free of expense, upon application.

Doliber-Goodale Co., Boston, Mass.

THE
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Original Articles.

DYSPEPSIA.

ITS CAUSES AND ITS PREVENTION.

BY
GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

In this rapid age, this day of hurry and worry, this day of money making and spending, this day of fast and careless living, we find, especially amongst the males, a great amount of functional and nervous dyspepsia. This is particularly the case with the business and professional man. The business man becomes dyspeptic from nervous excitement and nervous tension—the professional man from this condition, and, in addition, a great factor is his sedentary habits of life. The business man does not take time to eat his meals, but does that as he does his business—in a great hurry. He does not masticate his food properly, but bolts it down as though his life depended upon his rapidity of eating.

Proper mastication of food is essential in order to have perfect digestion, and the lack of doing this is one great cause of dyspepsia. This ought to be done slowly and thoroughly, allowing the saliva to moisten every portion of the food. It is really the first step in digestion. In order to have this completely done requires a good deal of time in eating, and also a good deal of chewing. The teeth, then, ought to be in a good condition, and, thanks to the dentist, every one to-day can have good teeth.

The professional man, on account of his sedentary habits, does not have an appetite; the stomach does not seem to

desire food, and is incompetent of digestion if food is taken into it. Every professional man should be compelled, under penalty, to take sufficient exercise to give him an appetite.

Hurry and irregularity in eating and sedentary habits, then, are common causes of dyspepsia. Another very prominent and frequent cause is worry. We all know from experience how anything that affects our nervous system affects our appetite. One who constantly worries is a dyspeptic.

We may sit down to the table hungry enough to eat a good square meal, when something may arise to cause us to worry, for instance, a telegram arrives bearing sad news, or stating some one who may be owing us has failed, or the bank in which are our deposits has gone to the wall; what is the result? Our appetite immediately leaves us: we cannot eat anything. Or we may be disappointed in making collections of money, and we may have notes in bank which are becoming due, and we don't know where to get the money to meet them. This condition will give any man who cares for his financial reputation nervous or functional dyspepsia. He will find he is not able to sleep well at night, and, if he sleeps, will be disturbed by disagreeable dreams. He will waken depressed, weary, and uneasy. He will begin to think, and think (and we all know it is hard work to think) what to do to enable him to meet his engagements. I am convinced that there is more dyspepsia produced from nervousness or mental worry than from all other causes combined.

A woman who desires to make a prominent appearance in the fashionable world may happen to marry a man who is too stingy if able, or may not be

able, to gratify her desires. The result is dissatisfaction and disappointment, and following this, digestive derangements.

A man or woman may meet with disappointment in love affairs, and a sure result is dyspepsia.

Another very frequent cause of dyspepsia in this country is poor cooking. There are but few good cooks in America. The young girls of to-day are brought up to despise labor. They are taught and impressed with the idea that it is undignified to work, and especially kitchen work. They know nothing about cooking. When they marry, the husband may not be able to keep a cook, and the wife attempts to cook, and of course makes a mess of it, having never been instructed.

The wealthy do not always marry the wealthy. Some rich girl may, in spite of all her training, have sense enough to fall in love and marry some poor but honest laboring man who does not possess very much of this world's goods. He may be nothing but a clerk on a small salary, yet one of "Burns'" noblest works of God. He is not able to keep a cook, and his wife, "God bless her," attempts to cook; but having never learned to do this before her marriage, the meals she prepares are not very digestible, though seasoned with love, and dyspepsia is quite apt to follow. In time she may become a good cook, but the mischief is done.

The physician, who has probably as much or more influence over the women of our land than any other person, should insist upon every mother learning her daughters how to cook. Just think how much pain and suffering could be prevented if every woman knew how to cook. No mother knows what position her daughter is going to fill. She may marry a man who has a fortune, but if this should be the case how necessary it is that she should know when food is properly cooked. She may not always be able to procure a good cook, though she have plenty of money, and I do not believe that it is undignified for a lady to be able to instruct her cook if she needs instruction, or even to get up a meal herself.

We cannot live without eating, and we cannot be happy and healthy and eat poorly-cooked food.

Another prevalent cause of dyspepsia is too frequent sexual intercourse or masturbation. No one that masturbates or has sexual intercourse once in twenty-four hours will be free from dyspepsia very long. This may not, and as a rule does not, affect a woman as much as it does a man. It is not necessary for a woman to have the intense sexual desire that man has in the sexual act. Very often the woman is simply a passive agent, and not the active. The man, to perform the act, must be the active agent, while the woman may not be affected at all; and even if she experiences the orgasm, which very often she does not do, I doubt if it produces as much effect upon her nervous system as it does upon the nervous system of the male. No man, then, can practice this to excess without becoming sooner or later a dyspeptic. Intercourse of the sexes, I believe, in a state of health is admissible, and even beneficial, if not practiced more than once a week; but if indulged in oftener than this is injurious, shortens life, produces many diseases during life, and one of the most frequent is dyspepsia.

Another too common cause of dyspepsia is the use of alcoholic stimulants. Now when I say this I do not wish to convey the idea that I am an out-and-out prohibitionist, for I am not. I am of the opinion that often alcohol judiciously used is beneficial. I do not mean by this that all should use it, but I do mean that there are people who might use it advantageously in moderation, and in many cases of disease it is absolutely demanded. The trouble is there are so few who use it in moderation. Nearly all use it to excess, and when this is done dyspepsia is sure to result. When a man finds he has to take his glass, to give him an appetite to enable him to eat, he is using it to excess, and dyspepsia has already been produced. A drunkard is always a dyspeptic.

Another cause of dyspepsia is malaria. We don't know what malaria

absolutely is, but we do know there are certain conditions of the system that are produced by some influence in the atmosphere, and that influence we call malaria. When we have this condition it is always accompanied with dyspepsia or indigestion; and even after we have gotten rid of the malaria the dyspeptic symptoms may remain, from habit, as it were, indefinitely. The liver always seems to be affected in malaria, hence I suppose we might say that disease of the liver is a cause of dyspepsia.

Certain occupations may induce dyspepsia, especially those which are carried on in an impure atmosphere.

I believe the use of a number of articles which are taken as medicines produce dyspepsia. A person that is constantly taking physic will be dyspeptic. Opium or morphine will, if used to any extent, produce dyspepsia; and I believe that the habitual use of cocaine or hydrate of chloral will.

I never knew a person who has been particular in dieting for any great length of time but what became a dyspeptic. Occasional dieting is essential, but if this is persisted in very long dyspepsia or derangement of the digestive organs is sure to result.

I have not given all the causes of dyspepsia—only the most frequent ones. In regard to treatment, very little can be done by the use of medicines until we have removed the cause, and when that is done very little medication is necessary. We must carefully study the case until we become satisfied where or what is the cause, then our efforts should be made to remove it. If from nervous excitement, we must induce the patient to get rid of whatever is producing the nervousness. If from rapid eating or hurry, he must eat slower and thoroughly masticate his food. If from irregularity in eating, he must eat at regular intervals. If from sedentary habits, more exercise must be taken in the open air. If from poor cooking, we must have better cooking. If from masturbation or too frequent sexual intercourse, this must be reduced or for a time stopped entirely. If from malaria or an inactive liver, the

malaria must be gotten rid of or the patient must move to a non-malarious locality: the liver must be kept active. If from the use of alcoholic stimulants, they must be stopped or greatly reduced. An alcoholic stimulant is more apt to produce dyspeptic troubles if taken when the stomach is empty than if taken after eating. That is one reason why the English are less afflicted with dyspepsia than our people: they take their alcohol after eating, while the native American takes it before. If from occupations in an impure atmosphere, the occupations must be changed, and the patient must breathe an unpolluted air.

We very often find, when the liver is inactive, that calomel in divided doses gives great relief. I use the following:

R—Calomel, . . . gr. i-ij;
Bicarb. sodæ, }
Sacch. lactis, } aa gr. xxiv.—M.

Make powders eight. Sig: One every hour, to be followed with a Seidlitz powder.

This may be repeated in a week.

If constipation be present, I find the following acts well:

R—Fluid ext. cascara sa- }
grada (P. D. & Co.), } aa 3 ij;
Glycerine, }
Tr. gaultheria, cinna- }
mon, or lemon, . . . 3 i.—M.

Sig: One teaspoonful sufficiently often to keep the bowels regular.

Sometimes, if the appetite is poor, some of the bitter tonics are good. One I like is as follows:

R—Fl. ext. taraxicum, }
Comp. tr. cinchona, } aa 3 i;
Inf. gentian comp, . . . 3 vi.—M.

Sig: One tablespoonful before meals.

The taraxicum is presumed to act somewhat upon the liver.

I have lost faith in the majority of the pepsins and pancreatic preparations. Arthur Peter, of our city, prepares what is called Peter's Peptic Essence Comp., which has some merits; probably the acid which enters into it is of as much benefit as the pepsin or pancreatin. It certainly does aid bowel digestion.

Bathing, if properly done, is bene-

ficial. I recommend my dyspeptic patients, if plethoric, to bathe three or four times a week just before going to bed in cold water, using a coarse towel and a good deal of friction in drying the surface. I tell them to rub until there is a bright glow upon the surface. In feeble or anæmic patients, bathing twice a week in tepid water and the thorough use of the coarse towel is better than bathing oftener. The nights they do not bathe I recommend the rubbing or the thorough use of the flesh brush. (In anæmic patients we have to use iron and Maltine.) I tell my patients to do their own bathing. I think the exercise of taking a bath is useful.

Some of the mineral waters are beneficial to the dyspeptic, provided the patient visits the springs. I doubt if it makes much difference what spring they resort to, provided there is pleasant company and good cooking. The change from home occupations and the rest from worry and business probably does as much good as the waters do. However, they drink more water at these watering-places than they do at home, frequently drink too much, which is injurious; but this is not apt to be the case at springs where there are some rules in regard to the quantity best to be drunk. I am satisfied that the human family, as a rule, drink too little water. Constipation can often be cured by simply drinking water. The old idea of not drinking at meals is amongst the things that was. A glass of hot water sipped an hour before meals is certainly useful.

I have said nothing about diet, as I believe there is but very little benefit in restricting patients to a strict diet. I tell my patients this: if they become satisfied that certain articles of food do not digest well, to partake of them in small quantities or stop them entirely. I never knew a person to follow a system of diet but what became dyspeptic. Eat everything in moderation, is my advice.

I have not referred to the use of tobacco as being a cause of dyspepsia. It may be so in young boys, but in adults or those of maturer years, if used

in moderation, it, I believe, aids digestion rather than destroys it. I know this is contrary to pretty much all conceived and published opinions, but still I think I am correct. I never use it myself, hence do not claim it to be beneficial on that account. But my observation teaches me that we have less dyspepsia in tobacco users than in those who do not use the article.

CLINICAL LAWS GOVERNING THE LOCATION OF CANCER.

Dr. E. Andrews (*Journal of the American Medical Association*) in an article on the subject of cancer, concludes:

1. Other things being equal, primary carcinoma is most frequent on those surfaces which by their position would be most accessible to free swimming microbes or spores derived from without the body.

2. The liability to cancer is increased if the epithelial surface is so situated that the spores can remain upon it for at least some hours without being swept away, as on the lower lip; but the liability is greatly diminished if the parts are frequently swept off, as the globe of the eye by winking, or the œsophagus by swallowing food and drink.

3. The liability to cancer is great if the membrane has vast numbers of deep glandular follicles into which the spores can penetrate and lie free from disturbance, and have direct access to the more delicate epithelial cells, as at the pyloric end of the stomach and the follicles of the mammary glands.

4. Those portions of the skin which are usually uncovered are oftener attacked than those covered with clothing and constantly brushed by its friction. The skin of the face, for instance, produces more cancer than all the covered portions of the integument combined.

5. As might be expected, there are a few seeming exceptions to these rules, but so few that they do not break their general force.

THE RIPLEY BROMO - LITHIA SPRING.

BY

A. N. ELLIS, A.M., M.D.,
CINCINNATI.

Fifty miles above this city by the windings of the stream, and bathing her feet, like a lovely maiden, in the waters of the Beautiful River, sits the pleasant and hospitable town of old Ripley. The place contains some 4,000 souls—mostly Colonels, with a sprinkling of Generals and Judges thrown in for good measure. It was there that my boyhood days were spent; it was there that, looking out across the waves to the Kentucky hills in the distance, I first dreamed my youthful dreams. That place saw my departure for the war, and the beautiful cemetery in the bottom just east of the Fair Ground holds many of the graves of the boys who went away with me in that bright spring time to court the bauble of Fame at the cannon's mouth for \$13 a month and all the hard-tack and sow-belly we could eat.

Some months since I had occasion to make a professional visit to my former home, and found that in boring for gas a very fine bromo-lithia spring had been discovered. The folks who own the remarkable discovery told me lots and lots of things about the medicinal qualities of the spring, and when I came away very generously gave me a whole barrel of the water. Now, to tell the truth, I did not know just what to do with that barrel, for up to that time I had never prescribed lithia in my practice. Of course, I could not refuse it. Had it been old whisky I would have taken a long pull at the bung-hole and then turned the balance over to Jim Neal and Jim Campbell to assist in running the Democratic campaign.

Well, a day or two after I came back to my office, here came the barrel on a dray sent up from the steamboat. In looking over the analysis made by Prof. Langenbeck, of the Miami Medical College, I saw that the water must be a valuable remedy in the treatment of gouty, rheumatic and renal troubles.

As it had not cost me anything, I felt that I might be very liberal with it, and so began to give it away to such of my patients where it was indicated. I had a patient on Fourteenth street, near Race, who had been a great sufferer from chronic articular rheumatism for many years. Up to this time I had rung the changes on all the remedies usually given in such cases, but had given him but little relief. His sufferings were terrible to see, and the only thing I could give him relief with at night were large doses of morphine administered hypodermically. I determined to see what I could do with the Ripley water, and so stopped everything else and gave a pint every two or three hours. In two days he began to get better; his pains left him, the swelling in the joints disappeared, his appetite returned, and in two weeks he went back to his job of work at Lane & Bodley's machine-shop a well man. Since then I gave him a jug of the water and told him to take a good drink every night before going to bed.

The next case was one of chronic cystitis. He had been afflicted a long time, and had tried many doctors and many drugs. He was always in trouble, and had to pass his water every few minutes. I used to draw it off and wash out the bladder with a syringe and double catheter. I never saw such discharges of thick, ropy mucus in my life, and often wondered why the man did not die. It looked like he was rotten through and through. When the urine stood for a few minutes it was truly vile-looking stuff. He was sick at heart, had fits of the blues, and thought he was never going to get well. Well, I gave him of the water—lots of it—and he got along finely, and went away to Kansas to grow up with the country! I considered that the magical change in his case had been accomplished through the agency of the lithia in the water dissolving the mucus and putting the mucous membrane of the bladder and urethra in a healthy condition.

In talking with a prominent medical man of this city about the Ripley water, he told me that he was using it in old chronic cases of gonorrhœa and gleet.

That led *me* to use it, and I had good results. I ascribed its action to rendering the urine bland and unirritating. Of course, I do not wish to be understood as using the water alone, as I did in the cases of rheumatism and cystitis spoken of above. Next I tried it in three cases of renal colic, and was pleased; but as these patients are still under my hands I cannot give the record of ultimate results.

After using the water two months I began to have such faith in it that I abandoned all other kinds of treatment in rheumatic and kidney affections and depended upon it alone. It was a dead sure shot on an old fellow out in Butler county who had the rheumatism. He not only got well, but he experienced a change of heart and paid his bill, a thing he had never been known to do before!

Since I began to prescribe the bromo-lithia water I have become much interested in it, and have carefully scanned all of its literature and had correspondence with quite a number of practitioners in many parts of the country. I really believe that it is invaluable wherever a solvent is demanded for uric acid deposits. Dr. Alexure, of London, introduced it into practice in 1843, and in 1857 Dr. Garrard followed close in his footsteps. They recommended it in all cases of gout and gouty diathesis as a desirable eliminant in expelling uric acid from the system and the preventing of the formation of insoluble salts and their deposition in the bladder, kidneys and joints as calculi.

As lithia is closely chemically allied to potassium, so its salts exert practically the same kind of physiological influence on the system, the only substantial differences being (1) that it is much more soluble than its corresponding potassic compound, and (2) that clinically in lithæmia and gout speedier relief follows its administration. From a celebrated writer and teacher of *materia medica* I glean the following: "The salts of lithia being much more soluble than either those of potash or soda, are often employed in preference to those other alkalis in the treatment

of gout. They aid in the elimination of uric acid by the kidneys, they lessen the acidity of the urine, ward off gouty paroxysms, and prevent the deposit of uric acid as calculi in the kidneys and bladder, and also assist in their solution when already formed."

In closing this rather hurried and rambling article, permit the following on the Buffalo Lithia Spring of Mecklenburg county, Va. It is from the pen of the distinguished and learned Professor J. B. McGaw, of the University of Virginia, in the December number of the *Richmond Medical Journal* for 1878. He says:

"I have found these waters of the greatest benefit in the treatment of great irritability of the uterus and bladder, and that, too, after all other remedies had failed.

"The *rationale* of the action of the bromo-lithia is this: The uterus is under the influence of any of the constitutional causes of disease, just as any other organ, and of these causes there is none more widespread and insidious than the gouty, rheumatic, or acid diathesis. These waters favor the assimilation of food and its complete manufacture into blood; they render the secretions neutral, or even alkaline; these become potent agents in carrying off from the system acid constituents which, if not so eliminated, tend to produce upon all the organs of the body their characteristic effects. These waters are bland, agreeable to the taste, and easy of absorption; they flush out the kidneys with gentleness, changing the urine from an acid and irritating fluid into a neutral secretion, checking the reaction that must always exist between the uterus and the bladder, thus soothing the former, which has been kept in a state of constant irritation by its fretful neighboring organ.

"In the management of albuminuria of pregnant women the use of the water is invaluable. Its effects are to promote kidney elimination and prevent the formation and deposition of uric acid."

REDUCED rates are *only* for those who pay *in advance*.

COMPLICATIONS OF SO-CALLED GRIPPE.

THREE CASES OF EPISTAXIS FOLLOWING VIOLENT SNEEZING.

BY

T. C. MINOR, M.D.,
CINCINNATI.

CASE I.

C. W. C., an attorney, aged about 60 years, called to consult me on Saturday, January 11th, 1890. Patient complains of chilliness attended with fever, frontal headache, puffy eyelids, face flushed, tongue coated, and, aching in the back and lower extremities. He has had persistent epistaxis for several hours; has applied ice to nape of the neck, and used inhalations of solution of alum locally to the nose by means of nasal douche, without effect. Prescribed a cathartic, with antipyrine for headache, and advised the patient to keep up application of cold to nape of neck, and continue the solution of alum. Ten grains of quinine at bedtime.

Sunday, 12th.—Cathartic acted kindly, but patient still starts the nasal hemorrhage every time a fit of sneezing comes on; fever has subsided, tongue cleaner, but no appetite. Gave gallic acid capsules, ten grains each, every four hours; mild solution of persulphate of iron through nose.

Monday, 13th, and Tuesday, 14th.—Patient nervous and anxious; the hemorrhage, that seemed partially checked, again came on with a violent fit of sneezing Monday afternoon. Gave nine grains of ergotin every four hours. Headache and fever wholly absent, but patient complains of faintness from large loss of blood. Whisky every five hours in hot toddy.

Wednesday, 15th.—Sneezing has ceased, but epistaxis persists. Discontinued gallic acid and cold applications, and increased ergotin to fifteen grains every four hours. Stimulants every three hours in the shape of milk punch. Used strong solution of perchloride with the effect of partially controlling hemorrhage.

Thursday, 16th.—Epistaxis still con-

tinues, and as the patient is alarmed, plugged the right nostril from the front with styptic cotton. Ergotin and stimulants continued. Pulse weak, and patient's face very pale.

Friday, 17th.—Slight flowing of blood from left nostril, which I plugged with styptic cotton. Hemorrhage completely checked.

Sunday, 19th.—Patient removed cotton; sneezing commenced with a return of epistaxis.

Wednesday, 22d.—Patient weak, but hemorrhage over; gave compound tincture of Gentian as a tonic. Since then no return and apparent recovery.

CASE II.

Saturday, January 18th, 1890, R., a male, cook by occupation, age 32 years. Has had frontal headache for several days; aching in his joints, which he attributes to rheumatism; fever and violent fits of sneezing; during one of these attacks profuse epistaxis lasting several hours, followed by hemorrhage of the lungs, the patient losing over a pint of blood during one fit of sneezing and coughing. Prescribed morphine in one-fourth grain doses, with fifteen grains of ergotin (McKesson & Robbins) every four hours. Hemorrhage checked and patient returned to work in a few days without further treatment.

CASE III.

J. D., a retired capitalist, aged 63 years, consulted me on January 24th, 1890, in regard to an attack of epistaxis that he claimed came on every time he sneezed. He also complained of chilliness, alternating with fever, and an aching over his body. His face was flushed and eyes injected, and he had used stimulants quite freely. I advised him to make cold applications to the nape of his neck, and to take quinine with his whisky.

Monday, January 27th.—The hemorrhage from the nose has been very profuse all afternoon; at 2.30 p.m., the patient's room looks like a slaughter house—basins, towels and handkerchiefs covered with blood. Kept ice bag on back of his neck and used a strong solution of persulphate of iron

and alum through both nostrils; gallic acid internally without avail. At 9.30 p.m. epistaxis still persists; hot water run through both nostrils with nasal douche. At 10.30 p.m. hemorrhage still persists; patient's pulse intermittent, and he complains of shortness of breath and pain in the cardiac region. Stimulated freely, with the effect of increasing the congestion in the patient's face. hot water douche alternating with alum and persulphate. Telephoned Dr. N. P. Dandridge to come in consultation and be prepared to plug from posterior nares. About midnight the Doctor arrived and with a Belloq instrument plugged the right nostril; hemorrhage checked.

Tuesday, January 28th.—A slight oozing from right nostril; patient complains of abdominal pain, probably diaphragmatic, and due to the violent attacks of sneezing.

Plug removed and patient discharged January 30th.

RÉSUMÉ.

We have here three cases of epistaxis, one complicated with pulmonary hemorrhage, due to sneezing from irritation of the nasal mucous membrane. In all three cases the sneezing was the only catarrhal symptom, there being no signs of bronchitis in any instance. In all three cases there were pains in the joints, slight fever and frontal headache, and other symptoms of dengue; with persistent epistaxis, a very frequent complication of break-bone fever. If these cases are instances of influenza, the coryza was the only manifest symptom of *Grippe* present.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
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Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

WE have a few copies of Dr. W. E. Ryan's "Aphorisms in Diseases of the Rectum," which we will send on receipt of \$1.00.

EPIDEMIC INFLUENZA AMONG THE SIOUX INDIANS.

BY

FRED. TREON, M.D.,
Agency Physician, Crow Creek Agency,
South Dakota.

Editor Lancet-Clinic:

DEAR SIR:—I had occasion to say, more than a year ago, through your journal, that an epidemic of any kind is always a serious matter for these people. In the first place, they are diseased and have but little vitality with which to combat any acute sickness. In the second place, they have absolutely no idea of caring for themselves or their sick ones. It will be remarked that the people at this agency number only eleven hundred souls in all, and that there die annually of these about forty-five from consumption alone. The present epidemic which is extending so universally over the land and sparing none is of a doubly serious nature for these poor ignorant people, *i.e.*, their tendency to pulmonary disease and the fact that we have already an epidemic of whooping-cough here among the children.

The modern Indian cabin is so built as to admit but little light and absolutely no ventilation, and they are kept at a temperature that is sickening and suffocating. As a rule there is but one room, and the family live, eat, and sleep in this. From this high temperature they often pass out of doors into an atmosphere with the mercury below zero. They are thinly clad, and the babies, carried on their mothers' backs, are necessarily exposed to severe draughts of air.

While the epidemic now prevailing here is influenza, I think it well to remember that the disease is not a simple catarrhal affection of the air-passages, but an epidemic disease, a specific fever, that leaves its effect upon the nervous system for days after the patient is convalescent. My observations are that the primary attack of the disease is not as a rule severe, but the relapse which occurs about one week after the patient gets out is always a serious matter and frequently fatal;

particularly is this true of very young children, of people suffering from pulmonary troubles, and the very aged ones.

The mortality from this disease, either directly or indirectly, at this place for the past week has been alarmingly heavy, as many as six deaths being reported in a single day.

I am sure these people treat their malady as a very trivial one, and so it is if one will give up and go to bed; but it cannot be trifled with.

It has been especially severe with very young children, congestion of the lungs resulting in pneumonia; the temperature goes up to 100° to 102° F.; pulse is from 100 to 135; the third day the breathing becomes stertorous, there is great nervous prostration, the heart's action is depressed, the little sufferer gasps violently for breath, spasms follow, then coma and death.

I have scarcely slept nights, and have travelled all the day for the past ten days, and at times it is truly discouraging.

The treatment in the main has been quinine and carb. ammonia, with digitalis and veratrum viride, varied to suit the case. For the very young an application of turpentine, camphor, and simple cerate has been laid over the chest and throat; for the older ones, mustard plasters are used, and, where it could be carried out, inhalations of quinine have been given.

As an evidence of what care will do in this trouble, I cite the fact that in the Agency Boarding School, where we have nearly one hundred Indian children, not a death has occurred, while in the homes of these people death seems to be continually knocking; day by day funerals seem on the increase; a pall of gloom settles over us, and day by day, as we toil on, we hope and pray for the end of this epidemic scourge.

FEBRUARY 1, 1890.

THE Supreme Court of Georgia has decided that the proprietor of a patent medicine is liable for damages for the injury done to any person who takes the medicine according to directions.

Selected.

THE PHYSIOLOGICAL ACTION OF THE IODIDE OF POTASSIUM:

At the meeting of the French Academy of Medicine, October 15, 1889, M. Trasbot read a paper upon the physiological action of iodide of potassium, which contained results which have, as yet, apparently escaped notice (*La Tribune Médicale*, October 17, 1889).

The writer found that the iodide of potassium produced acceleration of the pulse and marked vascular dilatation, which leads to an abundant secretion from different glands. Further, Trasbot claims that iodide of potassium reduces the temperature one degree or more after its ingestion and slows respiratory rhythm. It is to these properties that the action of iodide of potassium in various affections of the bronchi and of the heart are attributable.

Professor Germain Sée has, likewise, recently completed an elaborate series of experiments as to the action of the iodide of potassium on the heart, his results being embodied in a communication before the French Academy of Medicine, and reported in the *Lancet* for October 26, 1889. He began with the remark that it is not sufficient to affirm that iodide of potassium has a tonic action on the heart, but it must be proved that it is so and how or why it is so. This the learned professor had endeavored to resolve by experiments in the laboratory and by clinical observation. In conjunction with Dr. Lapicque (his *chef de clinique*) his researches were first directed towards the modifications of the blood-pressure under the influence of the iodides of potassium and of sodium, to ascertain whether these salts produced a vaso-constriction or a vaso-dilatation, and also the conditions of the mode of their action. This was done by injecting into the saphenous vein of numerous dogs solutions of the iodide of potassium or of sodium in the proportion of one to ten parts. The dogs were feebly curarized, and a registering manometer indicated the pressure in the carotid or in

the femoral artery. It is known that the salts of potash excite the heart and the vaso-constrictor nerves, and raise the blood-pressure. Nothing of the kind takes place with the salts of soda. M. Sée had first verified that the radicle potassium conferred on its iodide the properties of the salts of potash. The following were the very interesting results obtained: When iodide of potassium or iodide of sodium is injected into the blood phenomena are observed which present two distinct phases. M. Sée designates the first "the phase of the alkali," and the second "the phase of the iodine." When the iodide of potassium is employed, the phase of the alkali is distinctly characterized. The heart's beat is accelerated, the pressure raised, and the tracings present great oscillations, which are slow and regular. When the iodide of sodium is employed, the phase of the alkali is indicated by a very slight elevation of the pressure, slowing of the action of the heart, with occasional intermissions. On the contrary, the phase of the iodine corresponds with the injection of either of the two salts, and it is indicated by the pressure, which descends slowly, in a continued manner, and by the action of the heart, which is accelerated. M. Sée offers in explanation of this similitude that the iodide of potassium is decomposed, that the potassium is eliminated, and that the iodine is thus found in the blood, combined with the sodium, whatever be the iodide primarily injected. However that may be, Professor Sée's experiments seem to show that the iodide of potassium first determines phenomena of excitation, with the action of the heart accelerated, an elevated pressure, a manifest vaso-constriction; then follows vaso-dilatation, with low pressure, which is also determined by the iodide of sodium. In the vaso-constriction, with elevation of pressure, and the strengthening of the heart due to the potassium, the vaso-dilatation and lowering of the pressure due to the iodine, we have, says M. Sée, the explanation of the effects of the powerful action of the iodide of potassium. The vaso-dilatation explains the hyperæmia of the bronchial mucous

membrane and the hypersecretion which results from this drug, and which is so useful to asthmatics for getting rid of viscous secretions. It explains the pulmonary hyperæmia which results from the venous stagnation in cardiac subjects. It also explains the anti-dyspnoic power of the iodide of potassium in facilitating the circulation in the medulla, and consequently restoring it to its normal functional activity. Immediately the paroxysmal or continued dyspnoea, the fits of suffocation, etc., completely disappear. The vaso-dilatation finally explains how the heart becomes freed from the obstacles which the tonicity of the arterial vessels presents to it, how the coronary circulation becomes more free, and how the heart becomes re-enforced and beats with energy. On the other hand, iodide of potassium primarily strengthens the heart and the pressure. Hence M. Sée, comparing its action with that of digitalis, and studying the toxicity of the salts of potash, so exaggerated by physicians, has given it the name of "digitalic poison,"—that is to say, beneficial. It results from these considerations that iodide of potassium is applicable to the greater part of the diseases of the heart and of the coronary vessels. Useful in the most diverse lesions, M. Sée would condemn it only when it determines hemorrhages or permanent gastric iodism. It is not only useful against dyspnoea, it is still more so in many other cases, and M. Sée explains how and why it is so. Iodine reduces the fatty element in fatty degeneration of the heart. In fibro-adipose degenerations, in sclerosis, one cannot expect the reduction of the transformed tissues, but the muscular fibres which have quickened their circulation remain and are consequently improved in their function, whence the indication for iodide of potassium in all cases of degeneration. If the heart be weakened from overwork, or be in a state of asystolism, iodide of potassium renovates the weakened or distended tissues of the heart. If the left ventricle be hypertrophied, the most that the drug can do is to render the cardiac circulation more active; it cannot be injurious, as it does not

reduce the muscular fibre. In coronary sclerosis (angina pectoris) it is useful in dilating the coronary vessels that have remained free and healthy; but this is not an arterial medicament in the de-nutritive sense. In cardialgia (false angina pectoris), where the pains are so severe, where the respiration is polyp-nœic, it has incontestable advantages combined with antipyrin or with inhalations of the vapors of pyridine. In Basedow's disease, or where there already exists a morbid vaso-dilatation, the iodide of potassium will be useless, or even dangerous. On the contrary, it is in aneurism of the aorta that it succeeds, although it is not by producing the coagulation of the blood, as is generally believed. But it is here, in particular, that M. Sée objects to the use of iodide of sodium, the employment of which nothing can justify.—*Therapeutic Gazette*.

BROMIDE OF LITHIA.

Lithia and its salts have a desirable restraining action on any tendency to excessive destructive metamorphosis within the system. They prevent excessive phosphatic waste, thus sustaining the nervous system; they retard, to a certain extent, the tendency to rapid conversion of the nitrogenous food elements into urea, quite common among brain workers—business and professional men, especially, whose minds are weighed down with anxiety and care. They retard the excessive formation, also, of uric acid, and are thus of great value in a wide range of diseases. Combined with bromine, it is quite evident that the therapeutic effects of the remedy would be most desirable. It is thus especially adapted to those cases of nervous excitement which follow nerve exhaustion: nervous irritation and insomnia from overwork, or in all nerve irritations that follow starved nerve conditions. The bromide of lithia may be given in all the conditions mentioned and in those where the sodium or potassium salt are indicated, with excellent results. The dose is from five to thirty grains. In epilepsy its influence is mild but effectual and permanent, even more

satisfactory than the other bromides. In threatened apoplexy it will quickly soothe the patient and ward off an attack. In acute attacks of cerebral hyperæmia, with intense headache and nervous excitement, it works admirably and quickly. In these cases it may be well to combine it with ergot in appropriate doses.

In all cases of overwork of the nervous system, followed by the long train of symptoms of nervous prostration, the bromide of lithia should be given in combination with the restorative agents and tonics.

Its field is a wide one, and it should be better known and more often prescribed.—*Chicago Med. Times*.

VERATRUM AND DIGITALIS IN PNEUMONIA.

From a lecture delivered by Dr. H. C. Wood in the University of Pennsylvania, and published in the *Medical News*, we cull the following:

We take a case of ordinary pneumonia. We are called to it in the very flush of the disease. We find that the chill has passed by, that the patient has a high fever, that there is a high, bounding pulse, full and strong. We notice, also, that the lower lobe of the left lung is full of blood. What has brought the flux of blood to that point? There has been everywhere in the lower lobe of that lung a dilatation of capillaries, a vacuum, the effect of a relaxation of pressure. The heart being excited and the arterial pressure being continued, these relaxed, dilated vessels draw the blood into them, the whole lobe becomes full of blood, while the arterial or capillary system everywhere is contracted save only in this lobe over the lung. Under such circumstances veratrum is to be used. In the first place, it depresses and quiets the heart, it reduces the arterial pressure and drives the blood into that territory where resistance to blood entrance is slight. But it does more than this. It builds up the capillaries all through the system. You will remember that the relaxed vessels of the abdomen are of such size that they are capable of hold-

ing all the blood in the body. You can put all the blood of a man, after death, in his abdominal vessels, and they will not be over full. Now, when under the influence of a dose of veratrum, the heart has been lowered in power and the whole abdominal cavity has been opened wide, there is then a great suction of blood away from this lung.

But let the case go along. By and by a time comes when half, or a third, or perhaps the whole of one lung is consolidated. What does that mean? Suppose that we have a pair of lungs each of which is full of capillaries, the cavity between them affording a channel of communication between the right and left sides of the heart. We will say that in the upper part of the left lung there is a channel of communication, which is represented by 100, and in the lower lobe one of the same size, and again one in the right lung. Thus there is normally a cavity or a channel, represented by "400," through which the blood flows from the right to the left side of the heart. There comes an outpouring of plasma; all these capillaries are pressed upon—practically they are obliterated; and if a whole lung is obliterated, as sometimes happens, there is only half communication between the right and left sides of the heart. Do you not see that, under these circumstances, the right side of the heart is placed under a perpetual strain, and that the strain increases all the time, from a little failure at this moment to throw back a little blood into the venous system, and at the next moment a little failure to throw an increase of blood to the venous system? By and by the pressure is all on the right side of the heart and the patient dies. Under these circumstances you have the right side of the heart becoming angry, though impotent in its rage, acting spasmodically and in every possible way except the right and proper way. You give a full dose of digitalis, and continue its use until you have some evidence of its presence. The effect will be that the right side of the heart will begin to beat slowly and with long pauses. There is a driving force behind the blood which throws it

through this narrow channel, fills up that left ventricle, and restores the balance of the circulation. You cannot do this with any remedy so well as you can do it with digitalis. It is more powerful than any other, though slow in action. Alcohol does not do this. Alcohol is a stimulant of the general system. It has some power over the heart, but it is a power that is a weakness as compared with the power of digitalis. Therefore, in advanced pneumonia there is no remedy that will take the place of this drug. But bear in mind that you have to give it in sufficient doses to produce an effect. If you are afraid of it, if you give it homœopathically, if you merely rub the back of the patient's neck with the bottle, the disease will hold its own. Here, as in all cases where you are using digitalis fully and freely, you watch the pulse, and will remember that its influence is to determine your treatment. Having given the digitalis, you may find, at eight o'clock in the morning, when you visit the patient, that you have a distinct digitalis pulse; then you will wait until three o'clock, or perhaps until six o'clock, and, if you find that your digitalis pulse is losing, you will throw in your dose of digitalis—your dose being guided always by the pulse.

MENTHOL IN ACUTE RHINITIS, INFLUENZA, AND OTHER AFFECTIONS OF THE NOSE AND THROAT.

It may be of value to my professional *confrères* at the present juncture to know that the vapor of menthol checks in a manner hardly less than marvellous acute colds in the head, and is also to be recommended with a certainty of success, if used on its first onset, in arresting or as a preventive of infection in epidemic influenza, and this even for cases in which the nasal symptoms commonly associated with the influenza are not manifested.

Menthol exerts its action in the following manner:

1. It stimulates to contraction the capillary blood-vessels of the passages

of the nose and throat, always dilated in the early stages of head cold and of influenza.

2. It arrests sneezing and rhinal flow.

3. It relieves, and indeed dissipates, pain and fulness of the head by its analgesic properties, so well known by its action when applied externally to the brow in cases of *tic douloureux*.

4. It is powerfully germicide and antiseptic. It thus kills the microbe of infection and prevents its dissemination.

The remedy may be employed by means of a general impregnation of its vapor through a room or house, or locally to the nostrils and air-passages: for both which purposes there are several methods.

(a) A 10 to 20 per cent. solution of menthol in almond oil, in liquid vaseline, or in one of the many other odorless paraffin compounds, can be sprayed into the nose or throat, or about a room.

(b) By placing twenty or thirty grains in an apparatus specially designed by Rosenberg for administering the drug in cases of laryngeal consumption by inhalation, in the form of vapor mingled with steam.

(c) By placing a similar amount or one to two drachms of the oily solution in a Lee's steam draft inhaler, or bronchitis kettle.

(d) By a simple arrangement adopted by a gentleman with whom I am acquainted of placing a saucer of water containing a similar quantity of the crystals over a gas-burner in the hall, by means of which the whole house is kept constantly permeated with the drug.

Since the invasion of the epidemic of influenza in this city I am having the out-patient department of the Central Throat and Ear Hospital disinfected in this way.

(e) But by far the most convenient method for personal use is to carry always the ingenious pocket menthol inhaler known as Cushman's which should be used not only on the first approach of an attack, but three or four times a day during an epidemic, and always in cold-catching weather by those subject to head colds.

The instrument consists of a glass cylinder four inches in length, half an inch in diameter, and open at both ends. The tube contains crystals of menthol closely packed and prevented from escape by perforated zinc and cork. The opening at one end is twice the size of the other, the larger being intended for inhalation by the mouth, the smaller for the nostril. The latter is the method which I by preference recommend. It is thus to be simply smelt, but well sniffed or inhaled, so as to cause some tingling or smarting, a sensation which is quickly followed by that of coolness, and openness of the previously "stuffed" and heated nostril.

Dr. Bezley Thorne, in his interesting communication to the current issue of the *Lancet*, mentions that in one case of influenza under his care "there was intense *mal de mer*, accompanied by frequent retching." I may say in this connection that I have found the menthol inhaler exercise a marked beneficial effect in cases of genuine sea-sickness, and especially in the headache and vertigo which remain after actual vomiting and retching have passed off.

In conclusion, I may say that my experience of menthol is of no recent date. I have employed it for the last three or four years with the greatest success for relief of the pain and distress occasioned by phthisical and other ulcerations of the throat and larynx.

Two days ago only, I advised it for a patient brought to me by Mr. Winterbotham, of Cheltenham, on account of cancerous ulceration of the tonsil, floor of the mouth, and root of the tongue. In this instance cocaine had occasioned greater discomfort by reason of increasing the excessive salivation characteristic of the disease than the relief it afforded to surface pain. I have also employed menthol with advantage in the form of nasal spray or brush application in diphtheria. For all forms of nasal disease causing obstruction to the natural breath-way I prescribe the menthol inhaler to the extent of hundreds per annum. By its use, when the nasal discharge is excessive it is checked; when deficient and thickened, as in

hypertrophic rhinitis, its healthy character is restored; and when arrested, inspissated and malodorous, as in atrophic rhinitis, fluidity is promoted and the foul smell corrected.—J. LENNOX BROWNE, *Med. Press and Circular*.

BALSAM OF PERU IN TUBERCULOSIS.

The treatment of tuberculous processes by injections of balsam of Peru, pure or dissolved in ether, has been highly commended by Dr. Landerer, of Leipzig. This treatment has proved especially successful in tuberculous diseases of the joints. If suppuration had not occurred, injections were made into the neighboring tissue, and healing was thus induced almost without exception in every case. Seventy-four cases were treated. The cases of suppuration, all but two (spondylitis), were also cured by direct applications after removal of diseased bones by erosion. As regards tuberculosis of internal organs, intravenous injections were employed. The experiments on healthy and infected dogs are detailed in the *Münchener med. Wochenschr.*, 1888, Nos. 40, 41, and 1889, No. 4. Microscopical preparations were presented to the Surgical Section of the Naturforscher Versammlung, showing that the injections caused inflammatory centres in the tuberculous areas in the lungs. Capillary ectoses and leucocytes in great numbers were evident, and, although the bacteria tuberculosis were present their masses were not large and confluent as in other infected but untreated animals. The above were the appearances in an animal forty-eight days after infection and twenty-eight days after beginning of treatment. In another dog, sixty-eight days after infection and forty-eight days of treatment, a colossal emphysema was manifest, the tuberculous foci were calcified and partially encapsuled in new tissue; the bacteria had almost totally disappeared. The histological examinations were under the control of Dr. Hauser (Erlangen). Applied to human beings this treatment had yielded encouraging results. In two advanced cases (cavernous) life was prolonged;

in two incipient cases, in both of which tuberculous joint disease had previously required amputation of the foot, a perfect cure resulted. The results so far, says Herr Landerer, encourage to further trials; he does not claim more at present.—*British Med. Journal*.

THE CURABILITY OF PHTHISIS.

There was a time when every case of pulmonary consumption was considered doomed; later clinicians have looked on the disease as not quite so hopeless, and have pointed to not a few actual cures, and now the pathologists help us along with their encouraging statistics by pointing out the number of cured cases of consumption which eventually die of other diseases. Dr. Thomas Harris (*British Medical Journal*, December 21, 1889), while pathological registrar at the Manchester Royal Infirmary, was struck with the large number of relics of former tuberculosis present in the bodies of persons dying of other diseases. Out of 139 cases he found in 54 signs of former active tuberculosis, that is, 38.84 per cent. In noting the ages of these cases he found the greatest number of involuted tubercle were found in bodies between forty and fifty years of age. In all these cases the cicatrix was at the apex. After discussing the macroscopic and microscopic nature of the cicatrices, he adds, in conclusion, that our clinical and pathological experience warrants us in recognizing three groups of cases which bear upon the question of the curability of phthisis.

1. Cases where the only remains of tuberculosis is fibrous tissue or completely calcified caseous foci. These are the only cases which can be regarded as perfectly healed.

2. Cases where there remains a caseous mass, which is not at all, or only partially, calcified. Such cases are probably not uncommonly regarded by the physician as cases of healed phthisis, but by the pathologist they cannot be so considered. They are cases which may give rise to local or general tuberculosis. Probably many cases of phthisis, at one period of their history, come

under this class, such cases being characterized by a history of a previous illness, due to a tubercular lesion in the lung, from which the patient has recovered and remained free from signs of disease for a longer or shorter period.

3. Cases which are characterized pathologically by the formation of much fibrous tissue, but where, microscopically, all the elements of tubercle are to be found at the periphery of the lesion. Clinically, these cases present the usual features of a very chronic phthisis, but in some instances the lung change is so limited and so very slow in its progress that the general health is very little affected, and the physical signs may be very indefinite, and not at all conclusive as to the existence of phthisis. Not uncommonly the physical signs are considered to indicate that the tubercular process is quiescent, which is not the case. It is probable that the majority of cases of phthisis which have at one time presented distinct symptoms and physical signs, and at a later period have become apparently quiescent, really belong to this class. They are cases which are very misleading to the physician, since they cannot be regarded as perfectly cured, but only as quiescent for a period. If we had an opportunity of examining such lesions microscopically, at a time when, from clinical observation, we should infer they were quiescent, we should find that there were signs of activity at the periphery of the focus.

—*Maryland Med. Journal.*

ELIMINATION BY THE STOMACH OF MORPHINE INJECTED SUBCUTANEOUSLY.

In a paper published by Dr. Alt in the *Berliner Klin. Wochenschrift*, No. 40, 1889, is found an explanation of the cause of the nausea and vomiting which in so many cases follow the subcutaneous administration of morphine, and a practical point is indicated for the relief of this complication in grave cases. The author has found that when morphine is injected subcutaneously it is eliminated through the mucous membrane of the stomach, and that this

elimination commences two minutes after the injection, continues for about half an hour, and ceases at the end of fifty or sixty minutes. The nauseating effect of subcutaneous injections of morphine are attributable to this gastric elimination of the alkaloid, and the emetic effect coexists with the elimination of the morphine by the stomach, or, at least, never precedes it. Dr. Alt finds that washing out the stomach entirely prevents the production of nausea, a point which may be of value when rebellious vomiting follows the administration of this hypnotic. The quantity of morphine which is eliminated by the gastric mucous membrane is relatively large, and may amount to even half of the total amount injected beneath the skin. The author further finds that when washing out the stomach is performed after each injection of morphine, there is produced great attenuation in the toxic effects of this alkaloid, and that then doses, which, under other circumstances, would be inevitably fatal, are found to be administered without danger. It should be mentioned that, although the author's conclusions are deduced from experimental results obtained upon dogs, similar experiments made upon man sufficed to affirm the reliability of these conclusions.—*Therapeutic Gazette.*

THE EFFECTS OF PHENACETIN.

Dr. K. C. Bose, in a paper read before the Calcutta Medical Society (*Indian Medical Gazette*, September, 1889), summarizes the advantage of phenacetin over other antipyretics thus:

1. It causes a gradual reduction of temperature, and the rise after the effect passes off is also gradual.

2. In ordinary doses it never causes alarming symptoms.

3. It is tasteless, and for that reason easily given to children.

4. A full dose to a delirious person usually produces a quiet night.

5. It does not cause much sweating.

6. No effect is produced by the drug upon the heart.

7. No gastric disturbances are caused by it.—*Med. News.*

RESECTIONS OF THE STOMACH AND BOWELS.

Dr. Czerny, of Heidelberg (*Deutsche med. Wochenschrift*, Nov. 7, 1889), gives in few words the results of his operations and the lessons he learned from them. In the present state of intestinal surgery a short history of facts, although it may seem a bald statement of details, is brimful of interest, and this is the excuse for this rather elaborate abstract of Czerny's paper.

In eight *pylorectomies* for cancer on seven patients (twice in one case, owing to return of the malady), he had three deaths, all caused by gangrene of the colon. Two *elliptical excisions*, the one for stenosis of the pylorus, caused by ulcer, a case of seven years' standing; and the other, on account of an alveolar sarcoma, resulted in cure.

Of three *pylorectomies* for non-malignant stenosis, two recovered and one died from failure of the suture.

Of thirteen resections of the stomach, completed in twelve cases, four died and eight recovered.

As one would expect, permanent cures occurred only in non-malignant stenosis; the disease returning in the other, and ending fatally after from five months to two years; the symptoms, after recurrence, being precisely the same as in the primary disease.

Up to 1885 he had to close his incision twelve times, owing to attachments or metastases, rendering operation impracticable. He has made fourteen exploratory incisions, thirteen times for cancer, and once on account of expected adhesions of the stomach. Of these cases he lost but one, when he attempted to isolate a tumor. Properly speaking, this was not a case of exploration, but of incompleting operation. He concludes that exploratory incisions are not dangerous.

By means of *gastro-enterostomy* (Wölfer's), in cases unsuited for resection, the symptoms can be so far mitigated that after the operation the patient feels quite healthy. In one case, the best he had, the patient gained half her own weight in a few weeks, and

lived eleven and a half months. His colleague, Lücke, has been more fortunate, having had nine successful cases in succession. Czerny thinks that the explanation might be that Lücke in each instance practiced Wölfer's method whilst he tried various methods. Wölfer's, Czerny has tried five times and Hacker's six. The last he considers as, anatomically, the more correct, because the bowels occupy their natural positions, but it can be done effectually only when the stomach is much dilated, and so movable that it can be easily tilted out of the abdominal wound. He prefers Hacker's operation, but in the nine cases he operated on he four times used Wölfer's method, because the stomach was not sufficiently movable.

As regards the operation, he remarks: "It is easy to find the duodenum by lifting aside the stomach and transverse colon and examining the spinal column along the mesocolon. On the left of the spine the jejunum springs out from the mesocolon, and is easily pulled out. After the mesocolon is torn through at a part devoid of vessels, the nearest lying portion of the duodenum is stitched parallel along the stomach with a few stitches through the serous coat. Then the opening is made, the mucous coats stitched first behind and then in front, and finally the serous coats stitched in front. As a rule, I have made the orifice 3 cm. long, used thirty stitches, and the operation has lasted three-quarters of an hour. But as in one case where a section was made, five and a half months after the operation, the circular opening had a diameter of only 9 mm. I have, with Lücke, come to the conclusion that the opening should be four to five centimetres long."

As to whether Senn's method with decalcified rings of bone offers any advantages, he cannot as yet decide.

The results of his *gastro-enterostomies* were not so good as in his resections of the stomach. Only four cases had decided benefit from the operation. In these, the patients, after their convalescence, ate with great appetite, and all their bad symptoms vanished. One

case died of starvation fourteen days after leaving the wards. Two lived five and a half and eleven and a half months respectively, and died from the progress of the malady, whilst the fourth, two and a half months after the operation, went in the best of health to America.

Three died of sepsis subsequent to the operation. In four cases death was due to progressive marasmus or pneumonia (schluck) in two to four weeks. In these cases the operation was probably undertaken too late.

As regards resections of the bowel, Czerny operated six times for malignant tumors—four dying and two surviving. Five cases of resection on account of tubercular ulcer are of especial interest. In three the ileo-cæcal portion of the bowel was resected. Two of these cases got well, and one of them operated on, on the second of June, 1886, is still in good health. The third died because the ureter, embedded in the perityphlitic matting, was injured, and the kidney, as a consequence, extirpated. The direct cause of death, however, was necrosis of the line of suture. The other two cases were fistulæ of the small intestine, the fistulæ being the indications for operation. The one with two fistulæ recovered, the other, with six openings in the bowel, succumbed to perforation some considerable distance from the site of suture.

Out of four cases of resections for intussusception, one died. One of the cases was an intussusceptio colica caused by a papillary carcinoma in the sigmoid flexure. The operation, resection of the intussuscepted bowel depending from the anus, was successful.

For fecal fistulæ, following on hernia, he operated six times. As a rule, an elliptic aperture was cut round the fistula, and the incision enlarged on both sides, and then the bowel freed from its surroundings. In two cases only it was sufficient to pare the edges of the mucous coats, and get linear union by stitching. In the other cases, owing to the danger of stenosis, a circular resection of the bowel was necessary. In one case the fistula lay in the transverse colon, and the resection was

very successful. The inert portion of the bowel, lying beyond the fistula, was very much contracted, and considerable difficulty was experienced in uniting it to the bowel above. A preparation, however (got one and a half years afterwards), shows no trace of suture. Of the six, one woman died of collapse, weakened as she was by phthisis and the drain of a jejunal fistula. To sum up—of twenty-one patients operated on eight died.

This is a better result than attained as yet, but Czerny expects that, like ovariectomy in the case of Spencer Wells, resection of the bowels, in the hands of a practiced operator, will make similar advances. Death is mostly due to collapse, less frequently to septic peritonitis, which, however, can never be quite excluded in resections of the bowel. Only in one case did the suture give way, owing to necrosis of the borders. Except in one case of tubercular fistula the bowel wound always healed by the "first intention." In all cases two rows of silk sutures were employed and the stitched bowel dropped into the abdominal cavity. Drainage was almost always avoided. The sutures, as employed, served their purpose so well, leaving no trace in the united bowel, that Czerny considers that what is now required is more the perfecting of individual technical skill than the inventing of new methods.—*Med. Chronicle.*

THE SURGICAL TREATMENT OF PERITONEAL TUBER- CULOSIS.

Spaeth (*Deutsch. med. Woch.*, 1889, No. 20) holds that the statistical results of the operative treatment of peritoneal tuberculosis must be received with considerable reserve, owing to the absence of identification of tubercle bacilli. Of four cases in Prochownick's clinic, in which the tubercular nature was thus proved, one died early from collapse, and the other three within a few months from general tuberculosis. Although he does not on this account deny the possibility of cure, Spaeth believes that the statistical results are doubtful. He

lays down the following propositions:—

(1) In primary abdominal tuberculosis, without implication of other organs, laparotomy is satisfactory.

(2) In peritoneal tuberculosis, with affection of the female generative organs, the operation has as yet given no definite results, whether these organs have or have not been removed.

(3) If the intestines be involved the operation is only palliative.

(4) In genital tuberculosis, without peritoneal invasion, operation should be performed as early as possible, but an early bacterial diagnosis is difficult to obtain.

(5) Primary peritoneal tuberculosis is much rarer than is generally supposed, hence the diagnosis should be made with care, and only accepted if confirmed by bacteriological observation.

—*Medical Chronicle.*

EXTIRPATION OF CYSTS AND ADENOMATA OF THE THYROID GLAND.

The excellent results obtained by Mr. Charters Symonds in his treatment of these growths by extirpation, as detailed by him at a recent meeting of the Clinical Society, will serve to draw the attention of other surgeons to the method of treatment therein recommended. Mr. Symonds laid stress upon the following points: the median incision to be made in all cases; the capsule of the cyst to be looked for—as a rule, it is at once seen if the tumor be superficial or a part of it project beyond the margin of the gland; when the cyst is found to contain fluid all is to be evacuated and the cyst peeled out; if the tumor be solid it is to be enucleated. The capsule must be exposed, and patiently looked for. In some cases the margin of the gland must be raised up. In two of Mr. Symonds' cases the lobe was removed on the supposition that the growth was incapsuled intimately; but afterwards this was not found to be the case. All his eight cases did well, primary union resulted in every one of them, and there was no hemorrhage in the simple cases. The author of the paper furnished copies of printed ex-

planatory notes respecting his cases, which were highly appreciated by the members of the Society attending the meeting. The rapid recovery of his patients generally contrasted favorably with the much slower progress of patients treated by other methods. Thus, tapping and injecting with perchloride of iron is apt to produce hectic, and some patients thus treated have almost lost their lives. In fact, when much solid material exists in the growth injection is unsuitable. If such cases be treated by injection serious results are likely to occur. If the cyst be opened and sutured to the skin, and stuffed, the case is long under treatment, the resultant scar is large, and there is more danger than when excision is performed. Possibly a small incision and scooping out of the tissue may in some cases succeed; but it appears to be attended with much danger of hemorrhage. In one of Mr. Symonds' cases which was exhibited the resultant cicatrix was only an inch and a quarter long, although an adeno-cystoma, measuring three by two inches, had been removed. In this case the fluid had been first evacuated, after the manner recommended.—*British Med. Journal.*

THE TREATMENT OF FRACTURES OF THE LEG.

Despres has proposed a modification of Maisonneuve's plaster splint for fractures of the leg, which for its simplicity and adaptation to the conditions for which it is intended, commends itself to the practitioner who wants a cheap, convenient, and reliable apparatus for fractures of one or both bones of the leg.

Take a piece, half a yard wide, of coarse tarleton muslin, cut a strip twice the length of the leg, measuring from the anterior tuberosity of the tibia to the sole of the foot. Fold the strip in several doubles, so as to make a band three or four inches in width. The fracture must now be set, and kept reduced by the help of an assistant.

Take a quantity of plaster of Paris, put it in an earthenware basin, and add enough warm water, with constant

stirring, till the plaster is about the consistence of cream. Unroll the strip of muslin and soak it in the plaster paste, working the plaster into its meshes with the hands, then fold it up again several times double, as before; during this operation the plaster begins to dry.

The limb is held all this time by one or more assistants, who keep the foot and leg in the proper position. The surgeon adjusts the plaster by applying the middle to the sole of the foot and bringing the two tails up the limb, the one on the inner the other on the outer aspect of the leg, and moulding them to the limb. The strips should not be brought higher up than the inner tuberosity of the tibia, and the head of the fibula.

When once the plaster strips are applied, the surgeon, who has left uncovered the spine of the tibia in front and the calf of the leg behind, takes note of the relations of the fragments of the tibia, and presses in one way or another while the splint is drying, so as to effect and to keep perfect juxtaposition. While the drying is going on, and before the plaster is quite set, an assistant keeps the foot in a straight position. As a rule, the parts are in a good position when the line that passes through the middle of the ankle-joint will, if prolonged upward, pass through the inferior angle and middle of the patellæ.

When the muslin splints begin to dry, it is well to rub in fresh plaster paste from the basin, and smooth the splints with the fingers.

After the plaster mould is fully "set," three elastic straps with buckles are adjusted to the apparatus, one being buckled over the site of the fracture, if this be about the middle of the leg, one over the ankle, and the third over the upper part of the splints. To prevent too much pressure on the skin, a square compress is placed under each elastic strap where it presses over parts not covered by the splints. Later on, a little cotton batting may be placed beneath the edges of the plaster splint which presses rather hard on the skin.

The elastic straps in this apparatus

are altogether better than the strips of sticking plaster used by Malgaigne, or the ordinary plaster bandage, which too much keep the seat of the fracture closed to the observation. If the side splints be fastened to the limb by tapes, these have to be tightened every day, and do not sufficiently yield to the distension caused by the swelling during the first few days of the fracture.

Doubtless the ideal apparatus for fractures is one which shall keep the fractured limb completely at rest for the first twenty days. The plaster splint above described is a rigid mould which so well confines the limbs that the patients can make certain movements and even turn over in their bed with the splint on, without deranging the fragments, and without experiencing any pain. This plaster mould leaves uncovered a part of the limb, and enables the surgeon to see how the fracture is progressing, and the solidity of the mould is not compromised by such examination of the seat of the fracture.

The elastic straps render the compression of the member more efficacious, and when they are buckled with sufficient tightness, the patient moves the limb with the greatest facility. These straps can be tightened every day, or every second or third day, in order to make the splints fit more closely to the limb.

In the opinion of Despres, who has long treated fractures of the leg by this method, there is no other apparatus which offers equal advantages.

—*Medical Age.*

DRY OPERATIONS.

Landerer (*Archiv f. klin. Chirurg.*, XXXIX, 216), has used the method described in some ninety-six operations, comprising laparotomies, amputation mammæ, extirpation of tumors, castrations, osteotomies, operations for hydrocele, nerve stretchings, resections and amputations, with the most gratifying results. The method is very simple. Instruments are boiled, then kept till used in dilute carbolic acid solution. Hands are cleaned after Fürbringer's method—instead of ordinary alcohol

0.5 per mille, spirituous solution of corrosive sublimate is used. The site of the operation is cleaned in a like manner. The wound is not wet at all, but, as soon as made, dried with sublimate gauze, which is pressed everywhere. Bleeding is thus reduced to a minimum. As soon as the operation is ended and the large vessels are tied, the pads of gauze are kept in position for a few minutes. After their removal, the wound is sutured together without drainage; cavities in which the walls can come together, as after castration, give no trouble. A firm, somewhat compressing, bandage is applied. The advantages claimed by the author are:

1. No wetting and cooling of the patient.

2. Hemorrhage reduced to a minimum (in amputatio mammæ, with clearing of the axillary space, the protective cloth is hardly soiled).

3. No absorption of antiseptics, and consequent toxic symptoms.

4. Shortening of the time of the operation, as the hemorrhage gives so little trouble.

5. Quick and sure healing. In ninety cases the highest temperature has been 38° (104.4° F.). No secretion from the wound. No fresh dressings.

6. Great convenience — bottles, fluids, etc., not being required — especially where one has to operate in country places.

7. The surgeon's hands not irritated by solutions used.—*Med. Chronicle*.

ACUTE ARTHRITIS OF INFANTS.

Dr. W. R. Townsend (*American Journal of the Medical Sciences*) says:

1. Acute arthritis of infants occurs most frequently during the first year of life.

2. It is pyæmic in character, an osteomyelitis of infant life, and is caused by one of the forms of staphylococci, most frequently the staphylococcus albus or aureus; may follow traumatism or the exanthemata.

3. The most frequent site of infection is the epiphysis near the joint, which in early life is frequently intracapsular.

4. The disease progresses rapidly, and nearly 50 per cent. of the cases have terminated fatally, the most frequent cause of death being exhaustion.

5. A more or less complete destruction of the "joint end" of the bone, pathological dislocations, flail-like joints, and loss of length of limb, rarely ankylosis, are the most common results of the disease.

6. Disease is most frequently met with in hip, knee, and shoulder.

7. As soon as the disease is recognized the pus should be evacuated promptly, the joint properly drained, and parts dressed antiseptically.

8. The treatment of resulting deformities should be conducted on general orthopedic principles.

THE DIAGNOSIS OF TUMORS OF THE BREAST.

To help the practitioner on the question of diagnosis of tumors of the breast, Mr. Bryant ("Tumors of the Breast," *Wood's Medical and Surgical Monographs*) formulates the following conclusions:

1. Tumors that arise during lactation are probably milk tumors, *i.e.*, galactocles, or inflammatory swellings and abscesses.

2. Tumors that are found to be in, but not connected with, the breast; that can be readily made out to be distinct from the gland, and moved without causing dragging upon the nipple, are presumably of the benign kind. If they are slow of growth, hard, inelastic, and lobulated, they are probably of the adeno-fibromatous variety; if of more rapid growth, smooth, somewhat elastic, and only slightly lobulated, adeno-sarcomatous; and if hard in parts, and soft in others, clearly fluctuating and bossy, they are probably cystic sarcomatous growths or colloid.

3. A tumor that infiltrates a lobe or lobes of the breast, which cannot be separated from the gland, and has no distinct boundary, is in its nature either inflammatory or cancerous, the lobe or lobes affected being in one case infiltrated with inflammatory products, in the other with epithelial elements.

4. When the affected breast has been physiologically active, or the seat of injury; when the swelling is ill defined and the mammary glands feel leathery, or painful and elastic, and when more than one of its lobes is separately involved, the probabilities of the affection having an inflammatory origin are very great; although when the infiltration has attacked an inactive or obsolete breast, appears as a single tumor, is hard and nodular, the prospects of the tumor being cancerous are reasonable; and when in addition to these special local symptoms there is either dimpling, puckering, or infiltration of the skin over the tumor, or the tumor with the breast is fixed to the deeper structures, the diagnosis of cancer is confirmed.

5. Any globular, smooth, tense tumor, situated within and apparently forming part of the breast, should be suspected to be of a cystic nature; and when the tumor is associated with a discharge from the nipple of a clear or blood-stained serum, the suspicion is much strengthened.

6. When more than one globular swelling is present, or the breast feels coarse to the hand, the gland is probably the seat of cystic degeneration or of involution cysts. When the tumor is single, and there is no nipple discharge, the tumor is either a chronic abscess, a serous cyst, or a hydatid.

7. When the tumor is punctured for diagnostic purposes, and the fluid withdrawn is brown, mucoid, blood-stained, or blood, the cyst is probably of duct origin; and in proportion to the amount of blood in the fluid is the diagnosis of intra-cystic growth to be made.

8. When the fluid is clear and albuminous, the cyst is probably serous; when watery and free from albumen, it may with confidence be pronounced to be hydatid. Under these circumstances the characteristic hooklets will be found in the fluid.

9. A slowly growing tumor which has shown no sign of inflammation in its origin and progress, that eventually becomes the seat of inflammation, as indicated by local redness, swelling, heat, and pain, may be either a suppu-

rating hydatid or a gummatous tumor, or tuberculous inflammation of the breast.

10. A solid or cystic tumor, however large, that simply distends the integument over it, and has no tendency to infiltrate, is clearly a solid or cystic adeno-fibromatous or adeno-sarcomatous growth.

11. A solid or cystic tumor, however small, that gives rise either to dimpling, puckering, or infiltration of the skin over it, becomes fixed to the deeper tissues, and is complicated with enlargement of the axillary or clavicular lymphatic glands, is certainly a cancer.

12. A flattened or retracted nipple, associated with a tumor, may be a symptom of small or great significance. If not congenital in its origin, or due to some antecedent inflammation, the flattened condition of the nipple may be brought about by a simple stretching of the gland, the result of continued growth of a simple neoplasm, whereas the contraction of the nipple may be produced either by the contraction of a scirrhous tumor infiltrating the lobe of the breast and dragging upon its ducts, or by the presence of some adenoid, sarcomatous, or cystic tumor in the centre of the breast, and so separating its ducts as to bring about a drawing in and retraction of their termination.

13. A tumor that ulcerates upon its surface and becomes excavated by the extension of a necrotic ulcerating process, is most probably cancerous, and when the edges of the ulcer are raised, indurated, and everted, the diagnosis is confirmed.

14. A tumor that presents a prominent fungating mass in some parts of its surface, and this mass projects from an orifice which has punched out and not infiltrated edges, is certainly sarcomatous, and probably cystic. A slow growing tumor that first stretches the skin and then ruptures it, and from the orifice thus made a colloidal or mucoid fluid escapes, is probably a colloidal tumor.

15. A tumor which originates in the breast, and becomes complicated with a red or white, brawny, œdematous, or tuberculated condition of the skin over

the growth, is without doubt cancerous, and of the worst type.

16. The absence of any enlargement of the axillary or clavicular lymphatic glands with any breast tumor is an argument in favor of its benignancy, whereas the presence of such a complication suggests the reverse. Enlarged lymphatic glands may, however, be found associated with simple tumors when any local sources of irritation arise; and they may be absent for months, years, or altogether, in certain examples of cancer, particularly of the atrophic variety, in which the disease spreads slowly, and shows no signs of activity. In a case now under my observation, of scirrhus cancer of fourteen years' standing, the lymphatic glands are uninvolved.

17. Discharge from the nipple when free, is more than suggestive of a duct cyst; where the discharge is serous, of simple serous disease; where blood-stained or blood, of cystic disease complicated with an intra-cystic growth, either of a simple or cancerous nature.

18. A slight sanguineous discharge from the nipple in the absence of nipple trouble, is suggestive of glandular cancerous diseases, since simple non-cystic benign tumors never give rise to a discharge from the nipple, unless associated with some degenerative cystic disease of the gland.

19. A slow-growing, almost painless, nodular, elastic tumor of the breast, over which the skin is thinly stretched before it becomes infiltrated, and later on ruptured, and which discharges a tenacious mucoid fluid, more or less blood-stained, is certainly a colloid.

DIABETES INSIPIDUS.

R Ext. Ergotæ fl . . . 3i.
Kennedy's Pinus Cana-
densis (dark) . . . 3i.
Ext. Valerian. fl . . . 3i.—M
Sig.—Teaspoonful three times a day.

LEAVENWORTH has a colored physician to whom most of the practice among the colored people is turned over.

TROPHO-NEUROSIS AS A FACTOR IN THE PHENOMENA OF SYPHILIS.

Dr. G. Frank Lydston (*Virginia Medical Monthly*) says:

The relations of certain syphilitic phenomena to organic or functional disturbances of the nervous system, and particularly the sympathetic system, are manifested here and there along the whole line of morbid phenomena developed in the course of the disease. Syphilitic fever is undoubtedly dependent upon the action of a special poison upon the sympathetic nervous system. From what we know of the trophic functions of the sympathetic, we are justified in inferring that the majority of fevers are dependent upon the action of a specific poison upon the sympathetic ganglia. The syphilitic poison may produce disturbances of the sympathetic with perversion of tissue metabolism and excessive production of heat. The inconstancy of the syphilitic fever is explicable upon the ground of idiosyncrasy. The syphilitic roseola has been demonstrated to be an exception to the rule that syphilitic lesions are due to a collection of proliferating cells. It is due to vaso-motor disturbance with resulting dilatation of the capillaries. This nervous disturbance is dependent upon the impression of the syphilitic poison upon the sympathetic ganglia. The accumulation of cells in the more pronounced lesions of syphilis is simply an exaggeration of the normal process of tissue building. As is well known, such tissue-building is presided over by the filaments of the sympathetic nerve.

The symmetry of the peripheral phenomena of syphilis is suggestive of some causal condition affecting the central nervous system. As an illustration of the manner in which a nerve-lesion could produce disturbed nutrition the author mentions herpes zoster. Some of the lesions of syphilis, which are difficult of explanation upon mechanical grounds—i.e., upon the theory of localized cell accumulation—are readily explicable by central or local nervous disturbance. For example, the alopecia of

syphilis is similar to that which occurs in other diseases as a consequence of local and general malnutrition incidental to disturbed nervous supply—as, for instance, alopecia areata, the alopecia produced by fevers, and the alopecia produced by neuralgic affections of the head. That the nutrition of the hair is profoundly affected by nervous disturbances, is shown by the result of fright in producing blanching of the hair. The syphilitic affection not only has a peculiar affinity for the sympathetic nervous system, but especially for the upper and cervical portion of the sympathetic. In cases under skillful treatment, the proportion of lesions of the head, face, and mouth is larger than in other portions of the body. The parts supplied by the fifth cranial nerve appear to be particularly susceptible. The majority of cases of syphilis, under proper treatment, escape general cutaneous eruptions. Very few, indeed, escape alopecia, sore throat, and mucous patches. Serious destructive ulceration of the pharynx, and nasal, palatine, and maxillary bones, is very frequently met with in cases in which the active period of the disease has been apparently very mild. The affinity of the syphilitic process for the iris is explicable from the importance of the filaments of the sympathetic supplied to the part. Even in congenital syphilis we see evidences of tropho-neurotic disturbance. The affinity of the disease for the epiphyso-diaphyseal junction of the long bones is certainly suggestive.

In reviewing the opinions of our best syphilographers, one is impressed with the fact that syphilis is a disease which runs a natural course in spite of treatment. This is characteristic of certain special diseases in which the sympathetic system is profoundly impressed.

One of the principal arguments in favor of the theory that tropho-neurosis is the foundation of syphilitic processes is the peculiar action of the disease when it attacks certain parts, syphilis seemingly possessing the power of dissecting out definite portions of osseous tissue (apparently by cutting off their

nutritive supply) in a manner as cleanly as it can be done by the knife. Thus specimens are in my possession of the intermaxillary bone, portions of the alveolar process of the maxilla, the palatine and nasal processes of the superior maxilla, the malar and ossa nasi, which became necrosed and were removed from cases of late syphilis. These fragments present as natural a conformation as in their healthy condition. The ordinary explanation, of destruction by pressure of syphilitic exudate, will not suffice in these cases. If they be observed carefully, it will be found that the first symptoms experienced by the patient are those incidental to the presence of a foreign body—*i.e.*, a dead bone in the tissues. If pressure were the cause of the necrosis, the death of the bone would be preceded by more or less painful swelling and inflammation. There is no plausible explanation of these cases excepting a perversion of the trophic function of the nervous filaments supplied to the part. I claim that all of the pathological processes incidental to syphilis are due to disturbances of nutrition produced by the impression of the syphilitic poison upon the sympathetic nervous system, and that it is immaterial to the cogency of this theory whether the poison of syphilis be a microbe, bacillus, degraded cell, or chemical poison. It is probable that this idea, or something similar, has occurred to others; but if any attempt has been made to show that tropho-neurosis is the basis of all syphilitic phenomena, I am not aware of it.

THE TREATMENT OF SYPHILIS BY QUININE AND MERCURIAL INJECTIONS.

Denenicki, according to the *Bulletin Général de Thérapeutique* for October 15, 1889, has treated one hundred and seventy-eight cases of syphilis by this method, reporting eight observations in detail in which quinine seemed to occasion the greatest benefit, while in four this remedy was without influence. The author believes that quinine is capable of rendering great service in

cases of syphilis where the patients are either greatly reduced or where the temperature and weight of the patients are subject to great oscillation. In other cases quinine is useless. He gives from fifteen to twenty-two grains a day of quinine, and in syphilitic cases he claims that, if the cases are properly selected, under the influence of this amount the general state and appetite are improved, the weight of the body increases, the temperature decreases. Ulcers clean off and commence to cicatrize: and if stomatitis and pyalism have been present, they will diminish. If the administration of quinine is interrupted, the previous condition of the patients will be regained. He adds that in cases where quinine is used with mercury, it is necessary to increase the amount of the latter drug given daily. Finally, he states that the cases in which he found improvement following the administration of quinine were not due to any complication with the malarial element.—*Therapeutic Gazette*.

CEREBRAL SYPHILIS AND GENERAL PARALYSIS.

Dr. L. R. Regnier, after a series of observations which are published in the *Revue de Médecine*, has come to the conclusion that syphilis cannot be considered as either a direct, predisposing, or occasional cause of progressive general paralysis. The same occasional causes may produce paralytic dementia in subjects free from syphilis, and may set up specific symptoms in patients who have had syphilis. It is specificity which creates the difference between the two diseases. The anatomical lesions are different, and when found together in the same case are clearly independent of each other. The two diseases, as a rule, run an entirely different course. The principal and essential distinction, in respect to prognosis, is the curability of the one and the hopelessness of the other.

—*British Med. Journal*.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

THE OLD AND NEW PHRENOLOGIES.

Phrenology is a better word than psychology; only it cannot be sent into current English till the old phrenology of Gall and Spurzheim is certified to be dead. This is admitted by every one save by Mr. Bernard Hollander, who, in a paper read before the Anthropological Institute, has recently tried to show that the views of Gall have been unjustly set aside. What is even more remarkable, Mr. Hollander finds confirmation of the old phrenology in the discoveries of Ferrier, Hitzig, Exner, and others. We are not inclined to subscribe anything to the credit of Gall and Spurzheim. They kept up a noisy and futile controversy for half a century, and caused a great deal of mind force to be wasted in wrong directions. The only lesson worth speaking of which the phrenologists left behind is a telling illustration of the enormous misleading force of mental predisposition. In fact, the rise and diffusion of phrenology form a very curious and instructive chapter in the history of human error. At one time phrenology counted as its supporters a number of men eminent in science and literature. Amongst these may be mentioned Broussais, Bouillaud, Jules Cloquet, August Comte, Ferrus, Vimont, and Voisin in France; and in Britain Dr. Elliotson, Dr. Macnish, Sir William Ellis (the physician of Hanwell), Dr. Evanson, and Dr. William Gregory. The phrenologists held that the different mental faculties were localized on the surface of the brain, and next on the convex of the cranium. They did not assign any function to the convolutions reposing on the base of the skull, nor to those opposed to one another in the middle line, like the *gyrus fornicatus*. Indeed, it seemed as if there were no function left for these extensive areas of the brain; for the phrenologists included in their thirty-three organs a pretty exhaustive list of all the mental faculties. Nothing looked easier; you did not require even to have seen a brain; you had just to learn the situation of the organs on the phrenological bust, and

then you could make out the character of any person by measuring and feeling his head. The phrenologists gave out with much solemnity that in this way they derived important aid in treating prisoners, lunatics, pupils, and, indeed, all classes of men.

It is to be noticed that phrenologists paid great attention to the different temperaments, and their noteworthy observations upon these conditions no doubt helped them in making successful guesses as to character. By the year 1850 almost all scientific men had turned their backs upon phrenology. In 1875 a book, entitled "The Skull and Brain, and their Indications of Character," by Nicholas Morgan, was published, by the help of a bequest, for the propagation of phrenology. In this apology an attempt was made to throw discredit upon Ferrier's observations as hostile to the views of Gall and Spurzheim. In fact, the two phrenologies are incompatible. Mark out a chart with the new brain localizations, and compare it with one of the old phrenological busts, and it is at once apparent that they assign different functions to the same areas. Ferrier's motor spheres are occupied by such faculties as secretiveness and acquisitiveness, and the visual sphere of Munk covers the adhesiveness and philoprogenitiveness of Gall. Nevertheless, Mr. Hollander thinks he can show areas on the brain in which the old discoveries are confirmed by the new ones.

This is the way he goes to work. The organ of veneration was placed by Gall at the top of the head, near the new motor centre for raising the shoulders and moving the arms. In prayer, the hands are brought together in obedience to an inborn tendency, and shrugging the shoulders expresses patience and the absence of any intention to resist. Respectful people do not resist authority, and veneration leads to reverence for superiors in rank. The reader might be disposed to conclude from this that the French must be an eminently religious people, and in no way disposed to resist authority, since they are much given to shrugging their shoulders. It is, to say the least, doubt-

ful whether holding the hands together as a sign of submission is an innate action. It seems to have originated in the East, where vanquished combatants held out their hands together as a sign that they were ready to submit to be bound, a gesture often represented in the Assyrian sculptures. Following Mr. Hollander's argument, one would think that the organ of combativeness would be near the motor centres of the hands and feet, but the phrenologists placed it away behind the ear.

Mr. Hollander observes that the outward sign of a joyous emotion is a drawing up of the corners of the mouth and eyebrows, and the motor centres for the corresponding muscles is near what the phrenologists called the organ of hope; now hope is allied to cheerfulness. General paralysis—almost invariably associated with a feeling of optimism—often begins with trembling at the corners of the mouth and outer corner of the eye. General paralysis thus turns out to be a morbid affection of the organ of hope, causing the characteristic trembling of the muscles, as well as the insane delusions of grandeur.

Mr. Hollander will have it that Dr. Ferrier has discovered the gustatory centre in the tip of the lower temporal convolution, although Ferrier himself is doubtful. Mr. Hollander seeks to identify this with the organ of alimentativeness, which is indeed not far off, though placed higher up in Combe's phrenological chart. It is somewhat awkward that Gall neither admitted hope nor alimentativeness, though they were recognized as organs by the later phrenologists. It is singular that Mr. Hollander has missed the only good point which Gall really made. He placed the organ of language in the orbital portion of the brain, and his disciples, especially Bouillaud, collected a number of pathological cases supporting this doctrine. These observations at last led to the discovery of Dax and Broca, fixing the centre for spoken words in the left third frontal gyrus, in the neighborhood of the place indicated by Gall.

—*British Med. Journal.*


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Cincinnati, February 8, 1890.

The Week.

THOSE COWHIDES.

The assault and battery case in which Messrs. Burch and Johnson were the defendants was tried in the Police Court on the 6th, Judge Ermston on the bench and Mr. Corcoran, Esq., the Prosecuting Attorney. The testimony coincided with the published account in the LANCET-CLINIC of last week.

Mr. Colston, attorney for the defendants, found it necessary during the examination to call his clients' attention to the fact that "they had no reason to feel proud of their case," to which the prosecutor failed to object or make an exception. After this the attorney for the defendants obtained permission of the Judge to read the offensive editorial in the LANCET-CLINIC of January 25, which had been ruled out as evidence. The reading was in approved dramatic style, with voice sonorous and well modulated; the accentuation was sharp, doing full justice to the subject matter, which, by the way, his clients fully appreciated and thoroughly understood. They knew just how it was themselves,

and had a feeling perception of the case and persons delineated. The reader ever and anon interpolated a soothing unction to their wounded spirits, telling of the mythological origin of the act of placing small coins on the eyes of the dead, which were taken up by the ferryman at the crossing of the Styx. This was truly comforting to the young men, for there was no telling how soon some of his audience might stand on the uneven shores of the mythological stream.

The climax was reached when he orated that his clients had a good case in the mistake of Dr. Palmer—that the members of the great profession of medicine must understand that they are and will be held responsible when they operate on cases and make mistakes, and denounced the article that led to the assault as scandalous in the extreme, and that any lawyer would be glad to take such cases(?). This was an emollient poultice that had a wonderfully soothing influence over the sores that were gnawing at the spirits of the young men, who testified that they had both been members of the bar since 1879.

Attorney Colston rose right up on his dignity and manhood and told the Court how these ambitious and excellent young men stood without reproach in their profession; that one of them had a pedigree—short, 'tis true, but good as far as it went—viz.: the the young man's uncle had formerly been a member of the same law firm with himself, and the loved and brilliant Governor Hoadley had also been a member of the same firm of which he and the young man's uncle were members. Oh, my! we felt so little when we heard all this about the young man's lineage, we just shrunk into—our overcoat.

The Court was given to understand that there could be only goodness and righteousness coupled with the distinguished legal ability embodied in a young man whose uncle had been a member of the same law firm with himself and Governor Hoadley. The editor of the LANCET-CLINIC sometimes has spells — just at this point symptoms began to manifest themselves, but he was graciously permitted to quietly recover from the effects, which he did with a realizing sense of the fact that he was listening to the voice of Ex-Governor Hoadley's law partner, and that his other distinguished law partner was none other than the uncle of his client, who was being tried for a criminal offense.

Never before have we had such a realizing sense of the value of a pedigree and lineage.

With emotion hard to repress, he mentally tore himself loose from the young man who had a lineage to tell of his other client, who he said came from the country and did not have a pedigree, or lineage, or coat of arms, but in lieu of that had at one time occupied a desk in the same office with himself and his distinguished partners, one of whom was Ex-Governor Hoadley and the other the uncle of this young man's partner. Mr. Colston's voice was modulated, low, and extremely sympathetic. We didn't catch the tremolo, but it must have been there all the same.

Then came the full swell of pride as he contemplated the distinguished members of the Hamilton county bar, who were on the ragged edge of a Work-house sentence. The scene was awe—ful, but it had one cardinal virtue—its brevity.

In giving his decision Judge Ermston denounced the attack on Dr. Culbertson

as unwarranted, and stated that if the consequences had been serious to the Doctor he would inflict a severe penalty, but in view of the punishment they had already received he ended by finding them guilty as charged, fined and to stand committed until paid.

The young men just meekly walked up to the Captain's desk—the one wondering how it could be so, when he was so strongly vouched for as the nephew of his uncle who had Governor Hoadley for a law partner, and the other sort o' glad of an opportunity to produce material evidence that he once had desk-room in his attorney's office, who was no less a personage than the eminent partner of Ex-Governor Hoadley and his own partner's uncle.

IN a case of assault and battery, where a ponderous attorney ponders over his clients' case for more than a week, and in that time incubates and fecundates an argument that has its base of supplies in his own voucher that one of his clients had a pedigree that reached clear back to his uncle who was a distinguished lawyer and partner of an ex-governor of the great state of Ohio, he himself being also a member of the same distinguished firm, while the co-partner with the accused, without a lineage, was to be acquitted because — well, because he hadn't a pedigree but once had desk room in the office of the uncle of his partner who was the law-partner of Ex-Governor Hoadley — the legal point of the argument isn't quite clear to us, but that is only because we were educated for the medical instead of the legal profession.

It has been real amusing to note the various modes of treatment that have been suggested for those caught in the act of suddenly stopping the free use of

a LANCET pen—such as: A sitz-bath in boiling oil, warranted to relieve phlogosis; moulten lead in small doses; removal of the bile-bags; slitting of the nose and ears; tattooing "Lost Manhood" on the forehead or other soft parts; while removal of the seminal vesicles is guaranteed to effect a sure cure, and has the advantage of stopping a propagation of the species, which would be pretty hard on those who have a pride of ancestry with a hope of posterity.

A WONDERFUL OPERATION.—The following report of a most hazardous operation, most skilfully performed, is taken from a secular journal in a neighboring city: "The patient was a man, sixty-eight years of age, and the surgeons removed a tuberculous tumor from his neck. The operation was completed in less than an hour. An incision was made on the right side of the neck, in the sub-maxillary region, and all of the tumor, excepting the sac, which was firmly attached to the surrounding tissue, was removed. As the tumor had been resting on the internal laryngeal nerve, the patient had great difficulty in breathing. The operation was successful." We wonder if this is the only one of its kind on record? Where is the man who can remove a wen successfully?—*N. Y. Med. Record.*

We are a little bit surprised that the well-informed editor of the *New York Med. Record* should be even apparently surprised at reading an account of a "wonderful operation" in a "secular journal." The provincial press has had an off-and-on column of reports of wonderful operations and cures performed by our brethren in the metropolis that sometimes caused us to wickedly think there was some sort of collusion between the operators or their assistants and the press agents. Then we would banish such thoughts, as we remembered not only the innate but cultivated

modesty of our professional brethren in Gotham, and attributed the publications to the nosing for news by the sleepless reporters.

THE TREATMENT WAS PROPER.—Willie Kelly's suit against Dr. Robert A. Black, of Brooklyn, N. Y., for \$25,000 damages for the alleged improper treatment of a broken arm, ended January 27 in a verdict for the defendant. The jury was out only half an hour, and the result may be viewed as a complete vindication of Dr. Black, and a legal triumph for Lawyer J. J. Leary. Professor Jarvis Wight and Professor E. A. Lewis, of the Long Island College Hospital, and Dr. L. P. Schenck, of the Kings County Hospital, testified that the treatment of the arm, as shown by the plaintiff's own testimony, was proper, and that in their view nothing had been left undone so far as the surgical treatment was concerned. Two things, it was shown, were necessary in such a case: a proper setting of the bone and complete rest. It was shown that the boy was seen playing on trucks with his bandaged arm, and jumping off sheds, and that he fell on the stair of the Brooklyn Theatre when trying to get past the ticket-taker.—*N. Y. Med. Record*, February 1.

Of course the treatment in the above case was proper and the verdict a righteous one, and yet, for all that, the defendant was caused many days and nights of unnecessary anxiety, in addition to the required payment of a large fee for legal services. We firmly hold to the belief, which amounts to a principle, that a malpractice suit against a known educated physician should never stand in any case in court, for the following reasons:

A physician is always called in a case by his clients or employers because of their belief in his integrity and personal skill, otherwise he would not be placed in charge of the case; and secondly, having been employed, he will

give of his time and ability to secure the very best possible results he can obtain for his patient. This, even from the most selfish of motives, will be freely given, because it is to the doctor's direct interest that the speediest possible cure should be brought about, thereby enhancing his professional reputation, while his fee for successful attendance is always greater than if failure followed through any possible neglect on his part.

Every man naturally craves the reward that follows success, and shuns the inevitable punishment that comes from failure of purpose. Decisions of the courts have time and again affirmed that the every-day, general practitioner could not be held responsible in a given case because of a failure to operate with the skill of the most expert specialists, but he is expected to be fully abreast of the times, and to the very best of his ability exert all the skill he possesses and show that he has a correct knowledge and information of the means usually adopted for treatment of a given class of cases. Herein lies a warning to many a man, that must not pass unheeded. The time has passed—gone clear by—when a man can take his diploma and with a few current textbooks locate in a village or town and feel that his knowledge is on a par with that of his teachers, and neglect further study and reading.

There are delvers for hidden lore all over the world, and these men are continuously flashing their discoveries and observations through our current literature. The medical world does move, and is now moving with great rapidity, and physicians are fairly kept on the jump to keep up with the procession. Methods of treatment, the best known of the times, that were accepted and in vogue a generation ago will not stand

the test of an examination in court to-day. Operations that were then regarded as equivalent to manslaughter are now fearlessly undertaken, and the mortality-rate reduced to a minimum that is almost equivalent to naught.

The general practitioner will not—can not—be justified in attempting the treatment of his cases if he has only the knowledge acquired on the benches twenty-five or thirty years ago. He will be justified, even though he fail, if he does his work with a complete knowledge of all the necessary details of the operation, and with ordinary skill and ability makes use of this knowledge.

In order to attain this ordinary skill, new books must constantly grace the shelves of the ordinary practitioner, in order that he may be enabled to practice his profession with even ordinary skill. Not only are new books necessary, but two, three or more current medical journals must be taken and read. These are the veritable lungs and throat of the profession, through which are exhaled the life current of professional thought. In addition to new books and current journals, the every-day, ordinary practitioner must attend the medical society meetings. Here it is he finds not only the greetings of friendly intercourse, the touch of palm and elbow, but the scintillations of thought, as expressed in observations of experience, while now and then a paper is read that heralds a discovery that makes of our art a more exact science.

CHARCOT claims that the suspension treatment will restore vitality to elderly men, whether diseased or not.—*Chicago Med. Times.*

Suspension treatment often arrests vitality in this country. Age in such cases seems to have very little influence.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending February 1, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Croup not Diphtheritic.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	3						1				
2.....											
3.....					1		3				
4.....			1		1		4		1		
5.....											1
6.....	1										
7.....											
8.....					2						
9.....			1				2				
10.....	1										
11.....					2		1				
12.....											
13.....					3		1				
14.....					6						
15.....											1
16.....					1		1		1		
17.....											
18.....			1		1		5				
19.....							3				
20.....											
21.....											
22.....			1								
23.....			1		2						
24.....											
25.....											
26.....							1				
27.....							1				1
28.....	5		1		3		3				
29.....											
30.....					1		1				
Cin. Hosp.											
St. Mary's Hosp.											1
Totals	10		5		22		25		4		4
Last week.	20	1	4	1	19	3	17	7		5	2

The following is the mortality report
for the week ending February 1, 1890.

Cholera Infantum.....	1
Diarrhoea.....	1
Dysentery.....	3
Diphtheria.....	4
Scarlet Fever.....	1
Typhoid Fever.....	4
Whooping Cough.....	2
Other Zymotic Diseases.....	6—22
Cancer.....	1
Phthisis Pulmonalis.....	29
Other Constitutional Diseases.....	4—34

Apoplexy.....	2
Bright's Disease.....	4
Bronchitis.....	6
Convulsions.....	4
Heart Disease.....	3
Liver Disease.....	1
Peritonitis.....	1
Pneumonia.....	25
Other Local Diseases.....	22—68
Old Age.....	2
Premature Birth.....	2
Other Developmental Diseases.....	12—16
Accidental.....	2

Deaths from all Causes.....	142
Annual Death-rate per 1,000.....	22.41
Deaths for corresponding week in 1889....	111
Deaths for corresponding week in 1888....	107

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Reports to the Ohio State Board of
Health from 22 observers for the week
ending January 31, 1890.

Form of Disease. In the order of prevalence.	No. who re- port cases.	No. of cases reported.	REMARKS.
Pneumonia.....	16	42	Infectious Dis- eases as reported to health officers in 67 cities and villages during the week ending January 31, 1890:
Bronchitis, acute....	15	63	
Tonsillitis.....	11	25	
Rheumatism, acute..	9	14	
Pleurisy.....	8	12	
Diarrhoea.....	6	15	
Measles.....	3	51	
Diphtheria.....	3	7	
Intermittent Fever..	2	5	
Consumption, pul..	2	3	
Erysipelas.....	2	2	
Dysentery.....	2	2	
Whooping-Cough..	1	3	
Remittent Fever..	1	3	
Typho-Mal. Fever..	1	2	
Typhoid Fever.....	1	1	
Cholera Morbus....	0	0	
Scarlet Fever.....	0	0	
Cerebro-Spin. Men.	0	0	
Croup, membranous.	0	0	
Cholera Infantum..	0	0	
Puerperal Fever....	0	0	

case; Chillicothe, 3 cases; Urbana, 2 cases; Iron-
ton, 1 death; Ravenna, 1 case; Findlay, 5 cases;
Defiance, 2 cases; Mt. Vernon, 1 case; Oberlin,
1 case; Lorain, 3 cases; Kent, 1 case; New
Straitsville, 1 case; Miamisburg, 1 case; West
Cleveland, 1 case, 1 death.

Typhoid Fever: Cleveland, 5 cases, 2 deaths;
Bellaire, 1 case; Youngstown, 1 case; Painesville,
1 case; Bedford, 1 case; Versailles, 1 case;
Gilead Tp., 1 case.

No infectious diseases reported to health offi-
cers in the following places: Felicity, Carthage,

Nelsonville, Wooster, Rawson, Conneaut, Uhrichsville, Jackson, Upper Sandusky, Norwalk, Crestline, Salem, Fostoria, Lancaster, Aberdeen, Lewisburg, St. Paris, Beverly, Dalton, Bainbridge, New Richmond, and Wabash Tp.

C. O. PROBST, M.D., Secretary.

FEEES IN NEW YORK.

The professional fees in New York City are not so extravagant as they are generally believed to be. The general practitioner averages from two to five dollars per visit, according to pecuniary condition of patient. The average fee for visit to the wealthy is five dollars. The office consultation of an expert or general consultant is, as a rule, ten to twenty-five dollars for the first visit and five to ten dollars for succeeding ones. The fee for a consultation visit varies with the reputation of the consultant and the ability of the patient, from ten to twenty-five dollars. Visits out of town are usually from ten to twenty dollars per hour of absence from home, plus the traveling expenses and regular consulting fee of twenty-five dollars. Surgical operations are rated according to character, time, skill, and range, from 100 up into the thousands. The operation fee is charged for as extra of that for time when away from home. Night calls are twice the amount of day services, whether ordinary or consulting visits. Notwithstanding these accepted rules, there are not a few here who can charge much higher fees—in fact, name their own price and get it. On the other hand, there are many younger men in the profession who are content to average a dollar a head for every patient they see, whether in their office or on the top floor of a six-story tenement in the rear. This is true, although we would not like to have it repeated.—*N. Y. Med. Record.*

AN ACTION FOR MALPRAXIS IN BELGIUM.

A painful sensation has been caused throughout the medical profession in Belgium by a case in which heavy damages have been successfully claimed from a surgeon for what appears to have been one of those undeserved and

unavoidable misfortunes to which Sir James Paget has devoted a fascinating chapter of his *Clinical Lectures and Essays* under the title of "Calamities of Surgery." Dr. Deschamps, surgeon to the Hôpital des Anglais at Liège, whose works on orthopedic surgery have earned for him recognition and reward from the King of the Belgians, has lately had an action for malpraxis brought against him by the parents of a child aged three and one-half years on whom he performed osteotomy. Gangrene set in and amputation of the leg became necessary. The unfortunate surgeon has been condemned to pay 9,000 francs (£360) to the child and 1,000 francs (£40) to the father. The grounds of the decision were that the consent of the father had not been asked before the operation was performed, and that Dr. Deschamps himself had stated in one of his books that a period of six years should be allowed to elapse before osteotomy was carried out. Dr. Deschamps has appealed against the decision, and the matter has been taken up by the Medico-Chirurgical Society of Liège, the "Concorde Médicale" of Namur, and other professional associations in Belgium which have determined to support him "morally and materially." We are sure that we express the views of the general body of the medical profession in England in saying that we sympathize with our Belgian *confrère*, and hope that his appeal to a higher court will be successful.—*British Med. Journal.*

A PASTE THAT WILL ADHERE TO ANYTHING

Professor Alex. Winchell is credited with the invention of a cement that will stick to anything. Take 2 ounces of clear gum arabic, 1½ ounces of fine starch, and ½ ounce of white sugar. Pulverize the gum arabic, and dissolve it in as much water as the laundress would use for the quantity of starch indicated. Dissolve the starch and sugar in the gum solution. Then cook the mixture in a vessel suspended in boiling water until the starch becomes clear. The cement should be as thick as tar, and

kept so. It can be kept from spoiling by dropping in a lump of gum camphor, or a little oil of cloves or sassafras. This cement is very strong indeed, and will stick perfectly to glazed surfaces, and is good to repair broken rocks, minerals, or fossils. The addition of a small amount of sulphate of aluminum will increase the effectiveness of the paste, besides helping to prevent decomposition.—*National Druggist*.

DR. BEAUMETZ, in *London Hospital*, states that consumption has been spread in an establishment in Paris where clerks were in the habit of expectorating on the floor, and the rooms being swept while the employés were assembling in the morning.

THE late famous botanist, Reichenbach, keeper of the Botanical Gardens in Hamburg, bequeathed his library and his collection of plants to the botanical department of the Court Museum in Vienna. The library comprises about 10,000 works in about 15,000

volumes, the herbarium about 700,000 sheets, and as the botanical department of the museum possesses about 7000 volumes and a splendid herbarium of about 420,000 sheets, the bequest much more than doubles its treasures.

THE ILLS OF OUR EMINENT CONFRÈRES.—Our exchanges tell us that Dr. Brown-Séquard has the whooping-cough.—*N. Y. Med. Record*.

Nothing like going through the entire performance. We expect nothing else than to hear of his having mumps, chicken-pox, scarlet fever, summer complaint, and wearing diapers.

SOCIETY NOTICES.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, February 11, DR. R. B. HALL will report a "Case of Pyosalpinx;" DR. S. C. AYRES will report a "Case of Orbital Tumor," with presentation of the fresh specimen.

ESTABLISHED 16 YEARS. BEWARE OF IMITATIONS

COLDEN'S LIQUID BEEF TONIC

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ORIGINAL COLDEN'S LIEBIG'S LIQUID EXTRACT OF BEEF AND TONIC INVIGORATOR. LABEL

ESSENTIALLY DIFFERENT FROM ALL OTHER BEEF TONICS. UNIVERALLY ENDORSED BY LEADING PHYSICIANS.

This preparation, consisting of the Extract of Beef (prepared by Baron Liebig's process), the best Brandy obtainable, soluble Citrate of Iron, Cinchona and Gentian is offered to the Medical Profession upon its own merits. It is of inestimable value in the treatment of Debility, Convalescence from Severe Illness, Anæmia, Malarial Fever, Chlorosis, Inapient Consumption, Nervous Weakness and maladies requiring a Tonic and Nutrient. It is quickly absorbed by the Stomach and upper portion of the Alimentary Canal, and therefore finds its way into the circulation quite rapidly.

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By the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of Soluble Citrate of Iron, and which is designated on the label, "With Iron, No. 1;" while the same preparation, Without Iron, is designated on the label as "No. 2."

In prescribing this preparation, physicians should be particular to mention "COLDEN'S," viz. "Est. Carotte Ft. Comp. (Colden's)." A Sample of COLDEN'S BEEF TONIC will be sent free on application, to any physician (enclosing business card) in the United States. Sold by druggists generally.

C. N. CRITTENTON, General Agent, 115 Fulton St., New York.

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Physicians know the great value of the local use of Sulphur in the Treatment of Diseases of the Skin.

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THE CINCINNATI LANCET-CLINIC:

A WEEKLY JOURNAL OF
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CINCINNATI, February 15, 1890.

Whole Volume LXIII.

Original Articles.

CANCER OF THE WOMB.

A Paper read before the Wayne County Medical Society, February 6, 1890.

BY

HAL C. WYMAN, M.S., M.D.,

Professor of Principles of Surgery, Michigan College of Medicine and Surgery, Detroit, Michigan.

Gentlemen:

I have selected cancer of the womb for the subject of my paper because of its frequent occurrence, and the expectation of drawing out in the course of discussion facts which may make diagnosis of the disease easier and earlier.

It is but a few years since cancer of the womb was commonly not diagnosed until the general health of the patient was so thoroughly destroyed that there was nothing for the medical man to do but stand, an idle spectator of the work of Death, and get ready for the autopsy.

I hope the situation is otherwise now. The rapid advance of surgical science during the past twenty-five years has embraced knowledge bearing upon the diseases of the womb.

The mere fact that every practitioner of to-day is equipped with the means for making an examination of the reproductive organs of women is a great advance. The more thoroughly medical men become acquainted with the clinical phenomena of the pelvic organs the better are they qualified to be useful to their patients by recognizing their diseases before they have become irretrievably attached to the general system.

Whenever I think of cancer I cannot help but look upon it as an entity. I feel as though the person whose womb

is attacked by it is, so to speak, possessed of a devil which must be cast out or the sufferer will die.

It is not my purpose to make any arguments respecting the well-worn and ancient doctrines of cancer. Whether the disease is local or constitutional will not be settled now. But a few facts bearing upon the disease as it affects the womb will be submitted.

Cancer of the womb is much more frequent in married than single women, and women who have borne children are more subject to it than are those who are childless. The part of the womb most frequently attacked is the neck. It is probable that the injuries which this part receives in parturition operate as a cause of the disease. The earlier writers, however. — J. Mason Gaud, for example, — tell us that spinsters and women who have borne children without nursing them are especially prone to cancer. My observations have embraced but few cases of cancer of the womb in single women. It is hard to estimate the full value of the figures which show that so many more married women are subject to cancer of the womb than single women, because nearly all women are married. I use the term cancer in the sense that all cases of ulcer of the womb which are not readily curable are cancerous and malignant.

A PRACTICAL CLASSIFICATION.

There are three varieties of the disease affecting the womb. One is epithelioma, by far the most frequent; another is sarcoma, and is very rare; last is carcinoma, more frequent. I have a record of one hundred and five cases of cancer of the womb which have come under my observation during the last seventeen years, and the facts set

forth in this paper are largely derived from them.

Diagnosis was usually easy in these cases, because they were commonly not seen until the disease was so far advanced that the patient had frequent and irregular hemorrhages from the vagina, copious thin, watery discharges from the same organ, and a fetid and peculiar odor from the genitals. The finger at once detected the eroded or exfoliated condition of the neck of the womb, provoking hemorrhage usually. The speculum revealed to the eye and confirmed the changes detected by the sense of touch.

Very little difficulty was commonly had in dividing the cases into three classes by the following method: When the finger felt the mouth of the womb softened, ulcerated or exfoliating, throwing out exuberant granulations which bled freely on manipulation, the womb freely movable in the pelvis, the mucous membrane and tissue of the womb adjacent to the ulceration hard and unyielding in contrast with sound tissue, then the case was pronounced epithelioma; when, however, the womb was quite fixed, not freely movable, the pelvic cellular tissue infiltrated with masses which the finger felt to be adherent and immovable, all other signs being generally alike in the two classes, the case was pronounced carcinoma; when the womb was found to be greatly enlarged, the growth having occurred rapidly, there being perhaps no ulceration but an easily detected blending of the tumor with the womb tissue or mucous membrane, the case was classed as sarcoma.

My experience embraces but two cases of sarcoma of the womb. One of these was operated upon seven years ago. The entire body of the womb was taken away by abdominal section. The patient had no signs of recurrence until one year ago, when the abdominal scar became the seat of sarcoma and firm, elastic tumors rose out of the pelvis. Soon she began to suffer painful evacuations of the bowels, with constipation. An exploration of the rectum showed that organ to be infiltrated with sarcoma. I was obliged to perform lumbar

colotomy as the only means of prolonging her life. She still lives. The other case died.

Of carcinoma there have been twelve cases. They are all dead. They all suffered great pain. Difficulty in emptying the bladder and bowels were early symptoms. I saw none of these cases before the organs and tissues adjacent to the womb were implicated in the disease. One of the women, a maiden lady, aged forty-three years, died in consequence of the carcinoma invading the rectum and producing obstruction of the bowels. She refused to have an opening made into the colon above the seat of the disease, which would have given her great, if only temporary relief. Three of the carcinomas died in convulsions, which were caused by the ureters becoming obstructed and uræmia being consequently developed. The pelvis was one mass of cancerous tissue in one of the uræmic cases, which was examined post mortem.

Treatment of the carcinomas consisted almost entirely in the use of opium or morphine in the form of pills, powders and suppositories. Sometimes the hypodermic method was used. Then enemas and laxatives and cathartics were needed to promote the action of the bowels. Tonics and digestive ferments to improve the nutrition were resorted to. As a general rule, they did best, were most comfortable, and enjoyed the longest possible lease of life when pain was controlled by the free use of anodynes. In no instance was any operative procedure attempted in the carcinomas. Iodoform and powdered ergot, equal parts by weight, was sometimes thought to stay the degenerative process and check the fetid discharge from the vagina. It was applied by means of a glass tube a half inch in diameter and eighteen inches long, into which a teaspoonful of the powder was placed; a speculum was then passed, so as to show the carcinoma; the end of the glass tube was held near and the powder blown onto the diseased surfaces by the operator's breath. I never met with a case of carcinoma of the womb in which complete extirpa-

tion of the disease was practicable by means of knife or cautery. My method of diagnosis, requiring infiltration of surrounding tissue, would throw those cases of carcinoma which are limited to the neck or body of the womb in the class of epithelioma, which have frequently been operated upon. The remainder of my cases have had a variety of treatment.

From the ninety-one cases which I have classed as epithelioma I shall generalize and formulate in regard to diagnosis, treatment, and prognosis of the disease.

DIAGNOSIS.

Owing to the fact that cancer may be prevented by the early removal or destruction of certain morbid conditions which appear in the neck of the womb and its lining membrane, it becomes very important to recognize or diagnose those changes at the earliest moment. Women generally fear a thorough examination by a surgeon, and for that reason commonly put off going to the doctor until compelled by weakness, loss of blood, or the odor, to do so.

USELESS METHODS OF EXAMINATION.

It may be that the methods of examination commonly in vogue are too complicated, elaborate and discouraging to patients. With many, an examination of the womb means climbing into some frightful-looking chair, putting the limbs into some difficult and distasteful position, and then suffering great pain while a speculum is being thrust into the vagina, when it is screwed open, giving more pain. Then the doctor looks through it; takes a hook and pulls on the womb, or a sound and pokes at it. Often, if it does not look right, he smears it with iodine tincture or carbolic acid, or any of several and many things which always pain and frighten the patient, so that she tells her friends never to submit to an examination till dire necessity compels it. I think the more experienced practitioners use the speculum and hand very little for diagnostic purposes, and can see very little reason for using anything but the finger and bi-manual touch in all examinations

of the female pelvic organs for diagnostic purposes. I know of no more devilish lot of devices for causing pain and frightening the sick than the sundry vaginal specula which may be found in every instrument store. Women fear these instruments. If we would see these cases of cancer of the womb in their incipency we must establish simpler and milder methods of examination. The *tactus eruditus* must be cultivated, because its exercise gives the patient less annoyance than any other method of diagnosis.

To train the finger so that it recognizes the diseased state of the womb the moment it touches it requires much practice and careful thought, but there are men whose delicacy of touch and discriminating tactile sense are something marvellous. I have been told that the illustrious Tait makes his diagnosis usually by the digital and bi-manual methods, and with astonishing rapidity. The history of the case should receive a clear, sharp, distinct interpretation. It will indicate the necessity for a digital examination. If the patient has noticed a bloody discharge from the vagina at times other than the regular menstrual periods, that fact alone ought to make the necessity for vaginal examination imperative. A point in the history which I think is often misleading and causes the crucial tests to be deferred too long is pain. Many cases never have pain other than disagreeable and uncomfortable fullness about the hips. Any woman whose discomforts are sufficient to lead her to consult a physician, and who has had irregular, slight or copious hemorrhages from the vagina, presents history enough to warrant physical examination of her reproductive organs. This precept, if generally acted upon, will bring a great many cases to treatment before the disease has gone so far that there is no hope.

Of the ninety-one cases which I have classed as epithelioma of the womb, persistent efforts have been to cure them. There are living to-day twenty of these cases.

The oldest case was treated last in 1883. She was a patient of Dr. Geo.

P. Andrews, of Detroit. She had a tumor of the neck of the womb about the size of a hen's egg. It was irregular to the touch, bled easily, and had probably existed for about three months. There was no apparent infiltration of any organ except the neck of the womb. She had borne one child. Amputation by means of *ecraseur* was performed. I was careful to apply the chain so as to embrace a goodly portion of the sound tissue of the neck of the womb, making sure that all disease was removed. Ten days after the operation the patient had recovered her health. Two years later she bore a child. There has never been any return of the disease.

The next oldest case, still living, was operated upon in 1885, four years ago. She had a tumor limited to the parts adjacent to the mouth of the womb. So far as I could discover by physical examination, it was local and had existed for not more than two months. This was assumed because the history of hemorrhage after coitus dated back only one month, and the sense of fullness and discomfort commenced but two months before I saw her. She submitted to amputation of the neck of the womb. The *ecraseur* was the instrument used. The stump of the womb was painted with compound tincture of benzoin. Recovery was prompt and has continued.

One other woman operated upon in the fall of 1885 still lives, but is hopelessly infected with cancer now. Her tumor was originally limited to the neck of the womb, and was removed the same as the other cases. She enjoyed good health for nearly two years, when she again began to have hemorrhages, and an examination showed the mouth of the womb filled with soft, fungating masses. The tissue of the womb was very hard. Another operation was performed. The *ecraseur* could get no hold, so the scissors and sharp curette were the instruments used. All diseased tissue was cut and scraped away, and the wound was painted with strong chloride of zinc. She suffered great pain, requiring free use of morphine for twenty-four hours after the

operation. The vagina was tamponed with antiseptic gauze, which was removed three days later saturated with watery fluid. New gauze was applied and removed daily. Ten days after the operation a slough came away nearly as large as a hen's egg. It left the womb excavated and granulating clear to the fundus. This cavity was treated daily with gauze smeared with iodoform ointment. She made a good recovery, the parts apparently healing well and sound; but in a few weeks she began to decline in health. Tried blood medicine, so called, clover tea, etc., for four months, when I was again consulted. The bladder and rectum had become involved, and there is now no hope of destroying the disease.

The remainder (seventeen) of my living cases have been operated upon within the last three years. One of them has been operated upon four times and is now in fair health. Twelve of them have been operated upon within the last two years. It is impossible to say now how many of the cases will relapse. Only yesterday I learned of the death of a lady in Indiana whom I operated upon three years ago, and supposed had remained well.

The treatment followed has been varied. Complete removal of the womb has been practiced seven times; five of these operations were made through the abdominal wall, and the patients died from shock and sepsis. Two removals have been made through Douglas' cul-de-sac. The hemorrhage was controlled by the ligature and forceps, leaving the forceps in position hanging in the vagina, from which they were removed five days later; these cases died of sepsis. Amputation of the neck of the womb has been a frequent operation on these one hundred and five patients. It has been performed with both the *ecraseur* and the scissors. Its principal value is in cases where there is a broad zone of healthy tissue between the disease and body of the womb. The sharp spoon and serrated scoop have been favorite instruments in cases where there was no sound tissue left in the neck of the womb. Often these instruments have been used so thoroughly that only a

shell of womb was left. The use of chloride of zinc made into a paste with golden seal and morphine has proven a valuable adjunct to the work done with ecraseur, scissors or scoop. The pain caused by this strong caustic is not difficult to control. Drainage of the vagina by means of glass or rubber tubes has been useful in adding to the comfort and keeping up the strength of cases where the disease could not again be destroyed by the methods mentioned. Constitutional and internal treatment has availed very little in my hands. Chian turpentine has done worse than ordinary turpentine, which has often proved a good stimulant and promoter of appetite and strength. When there is no longer hope of removing the disease, opium becomes one of the best agents to prolong life. The local use of mild antiseptics in such cases adds to the comfort of the patient. Iodoform ointment applied to the ulcerating surfaces and retained by cotton tampons seems to improve the strength by antidoting some depressing substance which proceeds from the disease and slowly poisons the patient.

I would not make the prognosis hopeless in cancer of the womb. Some of the cases can be saved by early operation, but most important is the fact that many cases may be prevented by early operations.

STATISTICAL SUMMARY.

Cancer of the womb, 105 cases:

Sarcoma, 2 cases—living, 1; dead, 1.

Carcinoma, 12 cases—dead, 12.

Epithelioma, 91 cases—living, 20; dead, 71.

EPITHELIOMAS.

Living six years after operation, 1—well.

Living four years after operation, 2—1 returned.

Living three years after operation, 17—6 returned.

Living two years after operation, 12—4 returned.

DR. SKENE, the gynecologist, says: Well-timed, carefully-managed, rest, gives power, comfort, success and happiness. On the other hand, imperfect rest is disastrous. Too much and too little sleep are alike in producing incompetence.

Society Reports.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, January 17, 1890.

OFFICIAL REPORT.

V. P. GIBNEY, M.D., Chairman.

DR. W. R. TOWNSEND presented a case of

Congenital Talipes — Right Equino-Varus and Left Calcaneo-Valgus.

The case was of considerable interest on account of its rarity. Mr. Tamplin states that out of 764 cases where the deformity was congenital, there were only fifteen in which there was varus of one foot and valgus of the other; and only nineteen cases of calcaneus. Dr. Townsend said that this case came to him at the Hospital for Ruptured and Crippled on December 23, when only ten days old. It was the mother's second child, and the labor had been normal; there was no history of club foot in the family. He had already commenced treatment of the right foot, and consequently the deformity was not so marked as when he had first seen the case.

DISCUSSION.

DR. A. M. PHELPS said that this was only the second case of the kind that he had seen, and in connection with it he desired to present a plaster cast of two feet removed from the womb of a mother after her death at the sixth or seventh month of utero-gestation. It showed equino-varus of the left and calcaneo-valgus of the right foot, and was an admirable example of the manner in which the deformity had been produced by the pressure of the uterus. There was no history connected with it beyond what had been stated. The original is in Prof. Volkmann's museum at Halle, Germany.

DR. JOHN RIDLON remarked that the chief interest in this class of cases is connected with the subject of their causation. He had seen only one other

case, which was shortly after the publication of Dr. H. W. Berg's paper on this subject. This patient had the same deformity, and, in addition, clubbed hands on both sides.

DR. V. P. GIBNEY did not think he had seen more than three or four such cases in an experience of eighteen years. He thought that the retarded rotation theory, as explained by Dr. Berg, accounted very well for these cases.

DR. A. B. JUDSON said, in regard to the foot affected with calcaneus, that although at first sight it appeared to be a severe deformity, it was quite amenable to treatment, and cited a case published by Dr. Churchill, of Iowa, in support of this assertion, in which he advised simple manipulations, and made an appointment to do a tenotomy one month later. At the end of that time he was surprised to find that the deformity had entirely disappeared. In another similar case, reported by Dr. Prouty, of New Hampshire, that trouble was entirely remedied by the same simple manipulations, so that when the child began to walk the foot was absolutely normal. A remarkable case had been reported by Dr. Gibney a few years ago to the New York Pathological Society, in which the calcaneus was so extreme that the digits had made indentations on the anterior part of the leg.

The paper of the evening, on

The Operative Treatment of Talipes Calcaneus, Paralytic,

Was read by Dr. V. P. GIBNEY, who exhibited eight patients illustrating the advantages of the operation described in his paper. This operation was that which Mr. Willett, of St. Bartholomew's Hospital, published in the St. Bartholomew's Hospital Reports, in 1880. The technique is as follows: A large Y-shaped incision over the posterior aspect of the leg, lower fourth, the stem of the Y ending at the os calcis,—the stem itself about one and a half inches in length, while each side of the V-shaped portion is about two and a half inches long. The incision exposes the sheath of the tendon. The V-flap is then dissected, the sheath is opened, and the tendo-Achillis raised from its bed by a

curved director. A strong catgut ligature is passed through the upper portion of the tendon to serve as a means of preventing retraction after section; and the tendon is cut through obliquely, this section being made as oblique as possible. With the vulsellum forceps each end of the tendon is grasped, and the upper portion pulled down towards the os calcis, while the foot is fully extended and the knee slightly flexed. The tendon is sutured together with catgut, back and forth, with about three or four heavy sutures; and the end of the V-flap brought down to the end of the stem and the edges sutured, taking every alternate stitch through the tendon itself.

The aim is to convert the Y-shaped wound in a V-shaped cicatrix. It is better to use catgut altogether, in order that the wound may not be disturbed for three or four weeks. Dressings, and plaster of Paris, which extends from the toes up to the middle third of the thigh, the knee being flexed to an angle of about 120 degrees, and the foot extended to the full limit, complete the procedure. The operation practiced by the reader of the paper differs a little from that of Mr. Willett, in the following particular: Mr. Willett used wire and excised a portion of the tendon. The wire he used was merely for fastening the ends of the tendon together. The objections offered to his mode were that the wire cut through the tendon, and that one was in danger of removing too much tendon.

The paper was based upon an analysis of twenty-eight cases operated upon during the past six years. The results showed seventeen good, eight fair, and three poor. The term "good" was defined as a useful foot without any relapse after a sufficiently long time; ability also to walk without a brace or support of any kind. "Fair" was defined as a slight stretching of the cicatrix, but not enough to impair the usefulness of the foot. Shoes with the heel raised and a steel tongue are also required to make the gait satisfactory. "Poor" referred to those cases where the cicatrix had stretched and the deformity had relapsed. The general

results, however, were very satisfactory. The time elapsing between the operation and the date of last observation was as follows:

From three to twelve months—nine.

From one to two years—fifteen.

From two to three years—one.

From three to four years—one.

Five years—one.

Six years—one.

Sixteen healed by first intention; twelve by granulation. Of those healing by primary union, ten were good, three fair, and three poor. Of those healing by granulation, six were good, five fair, and one poor. In those where granulation took place, the tendon sloughed in three instances and a portion was removed through the wound. In no instance was a brace required, but particular attention was given to the building of the boot or shoe. The instructions were to have the heel raised at least one inch, to have a stiff counter, and a leather tongue reinforced by tempered steel. The hopelessness of paralytic calcaneus was discussed at length; the difficulty of correcting the deformity by means of apparatus; the great strain on the spring itself; the frequency of breakages; and the satisfactory results generally.

DISCUSSION.

DR. JOSEPH D. BRYANT said that he had been especially interested in the statement regarding the changes which in many cases occur in the length of the new tissues which had been connected by the operation with the tendo-Achilles. The subject was of much importance as bearing upon the question of the behavior of the cicatricial tissue elsewhere in connection with the repair of deformities of another kind; and although it does not follow that because fibrous tissue in this particular situation retracts after the force has been taken from it, that fibrous tissue will do the same thing elsewhere, the subject becomes of immense practical importance in connection with the recent methods for the radical cure of hernia. If we study the behavior of the cicatricial tissue of burns when put on the stretch, we shall find that it will

stretch, but that when released it will return to its former position, or even become more contracted. Such tissue might properly be compared to rubber which is tireless, while the tissue concerned in the operation under discussion might be looked upon as rubber which has become tired.

He would like to know if one of the cases which showed such extreme loss of power was likely to be benefited by a repetition of the operation.

DR. C. A. POWERS was particularly interested in the subject of tendon suture of the hand and wrist, in which he had had a considerable experience. He had become convinced that careful antiseptic suture of these cases, with proper rest of the parts, yielded uniformly good results. Primary union seemed to be a requisite for a good functional result in hand and wrist cases; for, when healing took place by granulation, the tendons became caught in the cicatrix and there bound. He would like to know in what proportion of cases the author had secured primary union, and how the result seemed to be modified when healing took place by granulation.

DR. R. H. SAYRE had noticed that some of the patients exhibited were able to move the heel independently of the long flexor of the great toe, and he supposed that as the paralysis had been only partial, the shortening of the tendon had enabled the weakened muscles to act to better advantage. Such cases ought to be much benefited by the persistent use of massage and galvanism, and they present a much more favorable field for operation than those in which the paralysis is absolute: for, under such circumstances, shortening of the tendon only results in the formation of an unyielding fibrous cord.

The progress of the deformity when untreated must depend largely upon the amount of damage originally done to the spinal cord. He had seen patients with very marked cavus who, instead of walking on the bottom of the heel, walked upon the posterior portion, which had in consequence developed an elastic buffer. He had hesitated to interfere, as such cases do not

hold out much hope of improvement, and the gait is much better than the appearance of the foot would lead one to suppose was possible.

As regards treatment, he favored the use of a brace similar to the one described by Dr. Gibney, or with an elastic spring to take the place of the gastrocnemius. Such an appliance will give the patient comfort, and enable him to move about with less of a wooden tread.

The results shown in the cases this evening are exceedingly good, but he was surprised at the amount of stretching which the cicatricial tissue had apparently undergone. The usual plea against tenotomy is that the resulting scar tissue tends to contract and reproduce the deformity. This, he thought, was a mistake, for the tissue obtained after a subcutaneous tenotomy is not at all comparable to that obtained in an open wound by the process of granulation. There should be no more secondary contraction after a non-suppurative subcutaneous tenotomy than occurs in tissues after aseptic healing by blood-clot. Whatever elongation has occurred in the cases shown this evening in all probability took place, not in the cicatrice, but in the muscular fibres above, the paralyzed muscle being constantly antagonized by a normal muscle and thus gradually stretched out.

DR. RIDLON said that one of the patients exhibited had been seen by him last summer, and he had then strongly favored tenotomy on account of extreme equinus which then existed; but he saw that the foot was now in good position.

In the mechanical treatment of this condition, he had been accustomed to employ the apparatus with the "rubber muscle" at the back; but since Bernard Roth, of London, published the description of his brace for drop-toe, with tempered spring at the back of the leg, he had considered that such an instrument, having a spring running from the garter line with a steel plate to the ball of the foot, was much better than those ordinarily in use.

DR. H. W. BERG was inclined to

take a gloomy view of these cases of polio-myelitis; yet he did not consider them entirely beyond help from neurological treatment. Were it conclusively proven that the nervous supply of the posterior group of leg muscles, for instance, is entirely derived from one level of the anterior gray horns in the spinal cord, or from one series of cells in the spinal cord, it is obvious that if these cells had been entirely destroyed any electrical treatment must of necessity be useless as regards restoring power to the limb. But it has not been proven that the nervous supply is derived in this way, and it is barely possible that a few cells giving rise to fibres of any one nerve have escaped the inflammation. The number of these nerve fibres remaining may be so small as to escape notice in an electrical examination, and yet be sufficient to exert an important influence upon the movements of the foot. Hence, if these healthy nerve fibres and muscle fibres to which they are distributed be stimulated by a galvanic current, they will take on a vicarious action under the irritation of the galvanic current, and will cause even in old cases of polio-myelitis, as he had frequently observed, a decided improvement in the power to extend the foot. In his experience fully ninety-five per cent. of the cases had been relieved, although none were cured. He did not think that even the most enthusiastic operators claimed that they did more than relieve their cases. A large number would certainly be benefited by the operation described by Dr. Gibney; but any operation including simply the soft tissues was hardly a philosophical one, and could not be expected to give as good results as one which would fix the bony tissues.

It is evident that in the cases exhibited the scar tissue has stretched as the children grew older and the weight of the body increased. This result could be postponed, but not averted, by furnishing a support for the foot.

DR. JUDSON said that the difficulty in walking experienced by these patients was due to their inability to use the anterior part of the foot, so that the toe cannot be pressed forcibly against

the ground; and hence they walk very much like one having a peg leg, or an amputation of the anterior part of the foot.

It has been stated that the aborigines of this country were in the habit of performing Lisfranc's amputation upon their captives, who were thus able to work in the fields, but were incapable of rapid locomotion towards liberty. A patient affected with talipes calcaneus is in practically the same condition.

The object of the operation described this evening seems to be to restore some of this function of the anterior part of the foot, so that the patient, in walking, can bring the weight first on the heel and then on the toe; but it is not easy to understand how the operation can accomplish this, for it is essential that there be very firm union between the calcaneus and the upper extremity of the tibia along the line of the gastrocnemius. With one exception, the cases exhibited could not put their weight on the toe at the same time that the well foot was raised from the ground; nor is it reasonable to suppose that they will retain for any great length of time the slight connection between these parts. He was inclined to think that a cicatrix resulting from primary union was less liable to contract than one which occurs after a long process of granulation. It is difficult to over-estimate the strain which falls on the tendo-Achillis. The great mass of the muscles of the calf gives an indication of this force. The foot may be considered as a lever of the second class, the fulcrum being at the toe, the weight at the ankle, and the power at the heel. The long and short arms of the lever are represented respectively by the portions between the ankle and toe, and the ankle and the heel, and the strain produced by the weight of the body is thus multiplied as it falls on the tendo-Achillis.

He thought that much could be done for these patients by mechanical treatment, and the object of this brace was to transfer some of the weight of the body to the anterior part of the foot. In the brace formerly described by him there was a joint at the ankle to arrest

motion at a right angle, but the brace has been rendered much more durable and equally efficient by the omission of the joint in the present instrument. The weight which naturally comes on the plantar surface of the anterior part of the foot in a well person, with this apparatus comes upon the anterior part of the upper portion of the tibia in the neighborhood of its tubercle, so that the patient first strikes the heel, and then puts the weight upon the anterior part of the leg in its upper portion, thereby decidedly improving the gait. The sensation is very much like that of kneeling, for the weight, instead of coming on the ball of the foot, as in the healthy person, comes on that part of the tibia which takes the weight when in the kneeling posture.

These cases cannot, of course, be cured by the use of such apparatus; but adult patients are often very glad to wear a simple and durable apparatus which improves the gait.

DR. JUDSON remarked that Dr. C. Fayette Taylor had once said that one reason for the muscular degeneration which occurs in these cases is that the weakened and half-paralyzed muscles, being compelled to endure such an enormous strain, yield at once; but if they are relieved by means of an apparatus of some of this duty they are less likely to undergo such degeneration, and therefore the chances are better for ultimate improvement.

DR. FREDERICK PETERSON agreed with the reader of the paper regarding the uselessness practically of the galvanic and faradic currents in these old cases, for he did not believe that the current could restore destroyed muscle fibre or degenerated nerve fibres or cells.

DR. H. L. TAYLOR said that in considering tenotomy, one must remember that in most cases not only the muscle but the tendon itself is atrophied, so that it is at times a mere thread. These cases of calcaneus are exceedingly difficult to treat, and any real advance will be very welcome; but he considered that the mechanical treatment was fairly satisfactory as a palliative measure. We can retain the foot in a

position of election for an indefinite period, and improve locomotion by enabling the patient to transfer the weight from the heel to the ball—not, of course, through the tendo-Achilles, but by impinging on the upper end of the tibia by means of an apparatus.

He wished to lay emphasis on the statement that calcaneus could usually be prevented from developing when these paralytic cases were seen sufficiently early. The foot could be held with absolute precision, and although he had followed for a considerable time cases of paralysis of the posterior tibial muscles, he could not recall a single one in which calcaneus had developed under proper mechanical treatment.

DR. PHELPS said that in cases of flail foot with absolute paralysis he was accustomed to do an excision or a Pirogoff's amputation, which is a safe operation providing firm ankylosis can be secured. Unfortunately this is not always obtainable in children. When the tendon unites primarily, union takes place by blood-clot, and the result is not cicatricial tissue but a reproduction of the tendon, and therefore stretching cannot take place in the tendon itself, but in the body of the muscle. The same argument has been brought forward against the open operation for club-foot, only it has been claimed that the cicatricial tissue contracted; but when healing by blood-clot follows that operation, the cicatricial mass does not contract, nor did he believe it yielded.

From birth up to the third or fourth year, and even later, there is a development of the deformity, and therefore, in estimating the beneficial results from any special method of treatment, one must wait a similar length of time before passing upon the result.

He had been much interested in Dr. Gibney's cases on account of the candor with which they had been presented and the care exhibited in securing careful histories; but until the ultimate results could be ascertained he preferred to cut the anterior tendons when required and apply a brace similar to the one which had been presented, or a brace with a posterior rubber muscle acting on a lever attached to the sole of

the shoe, and in special cases either Pirogoff's amputation or excision.

DR. GIBNEY, in closing the discussion, replied seriatim to the questions that had been propounded.

He could not say whether a second operation in one of the cases would be of any benefit.

He had not entirely completed his table of results, and could only say that about one-half of the cases had healed by primary union, and that his analysis, as far as it had gone, failed to show much difference in the results dependent upon the method of healing. He had, of course, always aimed to secure primary union, but some of his best results had been obtained in cases in which the granulating process had been tedious, and even where some of the tendon had protruded and had sloughed away, or had required removal.

He was sorry that he was unable to furnish records of systematic electrical examinations in these cases, but in the hurry of hospital work this portion of the work had frequently been omitted. He had, however, the report of an examination made by Dr. M. A. Starr before the operation on the little boy who had attracted attention by his ability to stand on his toe and on the ball of his foot: Dr. Starr reported at that time—two years ago—that the posterior group of muscles showed well marked reaction of degeneration, and failed to respond at all to the faradic current, and he gave it as his opinion that it was very doubtful if recovery would take place. Dr. Gibney thought that most of the gentlemen present would agree with him in saying that the patient now had considerable power in that posterior group of muscles.

In alluding to electrical treatment, he did not intend to disparage all such treatment, but simply to record his own disappointment with it in connection with confirmed cases of calcaneus. He believed, with Dr. Berg, that if certain nerve fibres still remained intact they could be developed by appropriate treatment. He was also willing to admit that an operation which secured ankylosis or synostosis was capable of giving a very useful foot, but from

what he had heard of the operation there seemed to be good cause for doubting the permanency of the results. Besides this, the operation was a much more formidable one than that which he had described in his paper, and it would often be impossible to secure the consent of the parents to perform it, while they would willingly agree to the other operation.

In regard to the mechanical points raised by Dr. Judson, it must be remembered that, in addition to the gastrocnemius muscle, the perineal group and some of the interossei are also involved.

In only one of his cases had he met with the ribbon-like form of the tendon, and the result of this case is reported as "poor." When this condition exists the tendon must be brought further down and particular care exercised in the process of suturing, aiming to have the tendon well embedded in the V-shaped flap.

Intra-Capsular Fracture of the Femur.

DR. PHELPS presented a specimen that was apparently an intracapsular fracture of the femur. It had been removed from a man in the dissecting room, who was noticed to have the legs flexed and abducted, and twenty or more sinuses, healed and unhealed, about the thigh, which had burrowed in every direction. Through a most unfortunate mistake on the part of those who secured the specimen, the soft parts were all carefully removed. The pus is stated to have come from a cavity behind the mass of new bone which is seen in the acetabulum, and the new joint is found to be perfect. When the specimen was exhibited a few evenings since before the Surgical Section, it was thought to be a case of old hip-joint disease; but the specimen clearly shows, since sections have been made, that this is not the case, and is of peculiar interest as illustrating the utter impossibility of curing such a case by mechanical treatment. It was a strictly surgical case, and, unless the sinuses were followed up and treated by thorough curetting and free drainage with

antiseptic precautions, the man must have died, as he did die, from amyloid disease of the liver and kidneys.

DR. J. D. BRYANT concurred in the opinion that this was a case of intra-capsular fracture.

A Simple Method of Preventing the Breaking of Plaster and Wax Casts.

DR. PHELPS exhibited two casts so treated. He said that in order to render plaster or wax casts almost unbreakable it was only necessary to rub well the surface of the cast with plumbago, and then, by the process of electro-deposition, cover the whole surface with a film of copper about one millimetre in thickness. To illustrate the efficacy of this method, the speaker took one of the specimens, a large cast illustrating Dupuytren's contraction, and threw it violently upon the floor without its sustaining the slightest damage.

The other specimen had already been shown at the meeting in connection with Dr. Townsend's case of club feet.

SALOL IN BLENORRAGIA.

Dreyfous says (*Gazette des Hôpitaux*): Theoretically, salol acts on the kidneys, bladder, and urethra as an antiseptic; exactly as naphthol does upon the intestines. Practically, he has given salol, both alone and mixed with balsams, in seven cases. The drug was administered in doses varying from five to eight grammes, and produced in all a modification of the discharge. In a recent case, dating from the fourth day, a complete recovery took place in three days. He believes it to be efficacious when given alone, but copaiba or cubebs associated with it accelerate the recovery.—*Occidental Med. Times.*

TRUE angina pectoris can be greatly ameliorated and almost always cured by the continued use of the iodides, especially by the use of the iodide of sodium, in a daily dose of forty-five grains.—*Med. Times.*

Selected.

A NEW CONTRIBUTION TO THE STUDY OF PNEUMONIA.

The microbial origin and nature of acute croupous pneumonia has been religiously believed in by the progressive pathologist since 1882, when Friedlander discovered in pneumonic exudates the coccus which bears his name, and when the etiological and pathological relationship of the microbe to the disease was all but confirmed through subsequent experimentation by himself, Leyden, Gunther, Talamon, Affanasieu, and others. Nevertheless the doctrine was held with misgiving, since certain important links in the chain of evidence were yet to be supplied. Thus the facts, that pneumonia is most commonly a sporadic affection, rarely if ever prevailing under epidemic influence, and seldom under circumstances that would allow one case to stand in causal relationship to another, gave force to the arguments of the doubter, while the scarcely questionable influence of cold as a factor in the etiology of the disease confirmed the skepticism of the skeptics. But the coccus continued to be always demonstrable in true pneumonic exudates, while mice, dogs, rabbits, and guinea-pigs would develop the symptoms of pneumonia when this exudate was injected into the pulmonary parenchyma, which in the autopsy would always show red hepatization and more microbes, which could be cultivated and be made means for the further propagation of the disease.

Thus the matter has stood with more than a balance in favor of the truth of the microbial doctrine.

Recently, however, some needed light has been thrown upon the question, under which the truth of Friedlander's conclusions seems to stand confirmed.

The *Bulletin de Thérapeutique*, December 15, 1889, gives the results of the work of Platania, an Italian observer who, in experimentally following the researches of Friedlander, brings forth some pregnant facts in confirmation of

the master's position. These experiments are thus described and commented upon in the *Boston Med. and Surg. Journal* of January 23, 1890:

"Platania has produced pneumonia by inoculating the microbe by the natural passages, at the same time favoring the result by aseptic traumatism of the lung through the thoracic parietes, or by causing the animal to inhale irritant gases, as ammonia, hydrochloric acid, etc. He has found, as a condition of successful experimentation, that some degree of traumatism at the point of inoculation, whereby the vital resistance of the lung is weakened, is necessary; it was not enough that the pneumo-coccus should be simply inhaled, and all such experiments failed to induce pneumonia.

"Platania has endeavored to ascertain whether chilling of the pulmonary texture, formerly regarded as the direct cause of pneumonia, was also a predisposing condition of the production of the disease in animals inoculated with or made to inhale the specific microbe. Animals after inoculation were placed in a frigorific apparatus for a brief time; these invariably succumbed more readily to the disease with a more elevated temperature and more extensive pneumonic lesions than animals similarly inoculated that had not been exposed to the cold. Out of eleven guinea-pigs inoculated by the trachea and exposed for half an hour to intense cold, in eight the result was positive and in three negative. 'If,' he says, 'we compare this experiment with that of simple tracheal inoculation, where in ten cases nine were negative, we are obliged to conclude that the influence of chilling does really manifest itself in our experimentation as a condition which predisposes the organism to cultivate in the lung the pneumo-coccus of Friedlander.'

"Platania also varied the experiment, both in subjecting the animals to refrigeration and in making use, as the material of infection, of dust containing the specific disease germs, which the animals were made to inhale with cold air. Out of eight cases, three were positive and five negative.

"As the complement of these researches, he studied the action of chilling alone. He placed a certain number of animals for a time in an elevated temperature (104° F.), then chilled them in various manners, by plunging them directly in ice-cold water, by inclosing them in boxes surrounded by a frigorific mixture, etc. The results were conformable to those already obtained by other experimenters, that is, there was found a state of hyperæmia of divers organs, but never the least focus of inflammation or anything like pneumonia in any of the animals subjected to the experiments of this kind.

"It is not yet definitely settled whether the encapsulated micrococcus of ordinary saliva, called by Sternberg *micrococcus Pasteuri*, be readily identical with Friedlander's pneumono-coccus. It will be remembered that Sternberg induced pneumonia in rabbits by injecting this microbe; and still more recently Chautemesse has shown by numerous experiments that the injection of two or three cubic centimetres of normal saliva into the lung determines in twenty-four hours the death of the animal, after having produced an intense fever and a red hepatization, with at the same time a fibrinous pleurisy and pericarditis in which the encapsulated micrococci exist in great numbers."

If the experiments of Chautemesse be confirmed, it may be truly said that every man carries in his mouth the elements of his own undoing, since he may set up pneumonia in himself at pleasure by simply "swallowing down his spittle"—the wrong way.

—*Practitioner and News.*

THE PROPHYLAXIS OF TUBERCULOSIS.

The question of tuberculosis and its preventative treatment was brought up again at the Académie de Médecine by M. Lancereaux, who said that the conditions which gave rise to tuberculosis were the same as those which presided at the development of any other malady, and were of three orders, predisposing, efficient, and determining causes. As to the efficient cause, it is well

known to-day it is the bacilli of Koch, but this even would not be sufficient if there did not exist a certain modification of the organism which is called a *predisposition*. Consequently it is necessary to understand the different circumstances which give rise to this predisposition in order to be able to pronounce on the most effective prophylactic measures. The savages never contract phthisis, and the Kirghis of the Russian steppes and the American Indians have never been attacked with the malady. Tuberculosis did not exist in America before the arrival of Europeans, but gradually it appeared in towns or wherever there was an agglomeration of individuals. What, then, are the causes which favorize the development of tuberculosis? Amongst the many he would insist on two which appeared to him as the most exciting, *insufficiency of air and the abuse of alcoholic liquors*. In London the frequency of tuberculosis is in direct proportion to the number of inhabitants in a given space. The same may be said of Paris and every large city. Many authors have stated that in prisons, schools, etc., tuberculosis was very frequent, and also individuals who have been accustomed to living in the open air, and who from different causes are submitted to inactivity and the influence of confined air, become rapidly phthisic. It is thus that young girls from the country coming to work in towns contracted first anæmia and finally phthisis. Of 2,000 cases of tuberculous patients noted in the hospitals, 1,100 were belonging to the working classes living or working in small shops where the air was insufficiently renewed. As to the influence of alcoholism on the etiology of the malady, it was indisputable. For several years his attention was drawn to this subject, and he found that drinkers of absinthe were particularly liable to contract the disease. He was able also to state that drunkards presented a pulmonary localization at the summit of the *right lung*, more developed behind than before, while in others the left lung was the most frequently attacked. Hæmoptysis is frequent amongst the

former, while amongst those who contract the disease from other causes the granular form is predominant. M. Lancereaux, in conclusion, said that he did not consider the measures proposed by the Commission as sufficient. Certainly he advocated the destruction of the expectoration as advised, but much more was required. Above all it was necessary to make the authorities understand that pure air was indispensable to the life of man, and that legislation should be reformed as to the construction of houses, the widening of streets, and the proper control of workshops, barracks, colleges, prisons, etc., so that each individual should have his complement of cubic feet of air.

—*Med. Press and Circular.*

CHLORIDE OF AMMONIUM IN THE TREATMENT OF CHRONIC BRONCHITIS AND OF WINTER COUGH.

Dr. Murrell contributes to the *Medical Press and Circular*, November 6, 1889, an interesting article upon this subject, of which the following is an abstract:

The value of chloride of ammonium in the treatment of affections of the respiratory organs is very generally recognized. From time immemorial it has been given in the form of mixtures, often in combination with carbonate of ammonium, senega, and other drugs. Its pungent saline taste can be disguised by the addition of a little liquid extract of liquorice, say half a drachm to the ounce. Compressed tabloids of chloride of ammonium are useful in many catarrhal conditions of the fauces and pharynx, and are largely employed by singers and public speakers. When the action of the drug on the larynx, trachea, or bronchial tubes is required, a different mode of administration must be resorted to, and the drug is then inhaled in the form of fumes, or smoke developed by the combination of the vapors of hydrochloric acid and ammonia. Many forms of apparatus have been devised for generating nascent chloride of ammonium, but by far the best is that of Vereker. I generally

detach the India rubber tubing leading to the mouthpiece, and substitute for it a piece three or four yards long. The advantage of this is that the patient is not obliged to bend over the apparatus, but can sit back in his chair, or stand up and take a good deep inspiration, completely filling the chest. Some patients do not know how to breathe, but take little puffs which are no good; but a few minutes' instruction and a practical illustration or two usually sets this right. Patients sometimes complain that the fumes are acid, and that they cause choking. As a matter of fact, a little excess of acid rarely does any harm, whilst an excess of ammonia is very irritating. The method for avoiding an excess of ammonia is simple. Put into the wash bottle a little tincture of litmus and a few drops of acetic acid. As long as the water is colored red there is no fear of any uncombined ammonia coming over, as it is seized by the acetic acid. When the water turns blue, a little more acetic acid must be added. In cases of catarrhal deafness, the fumes are readily forced up the Eustachian tubes by filling the chest and mouth, pinching the nose, and then swallowing. Sometimes I use the chloride of ammonium fumes alone, but far more commonly I employ them as a vehicle for the administration of other remedies. For example, I want to give pure terebene in a case of winter cough. All I do is to put a few drops on a piece of absorbent cotton-wool, and introduce the little pellet into the water of the wash bottle. The fumes which come over are impregnated with pure terebene, and are carried to the innermost recesses of the bronchial tubes. In the same way I give inhalations of oil of cubebs, oil of sandalwood, and various other volatile drugs which exert a beneficial action on the respiratory apparatus. I have cured in this way obstinate cases of bronchial catarrh, chronic bronchitis, post-nasal catarrh, and deafness resulting from obstruction of the Eustachian tube. For the last three years I have employed this chloride of ammonium inhaler in a large number of cases, and the results, I am

glad to say, have been almost uniformly successful. I have used it with equal benefit both at the hospital and in private practice. At the hospital the patients come every day for ten days or a fortnight, and the inhalation is superintended by one of my clinical assistants.—*Occidental Med. Times.*

REMEDIES FOR NIGHT-SWEATS.

The practice of using gr. 1-60th or 1-120th of sulphate of atropia for night-sweats is very common, but occasionally cases are met with in which unpleasant symptoms, such as a scarlatinous rash, dry throat, restlessness, numbness, etc., arise from even the smaller dose mentioned above. It is rather remarkable that the antidote to atropin poisoning—viz., pilocarpine—should in small doses act well in such cases, as, indeed, we have found it of much benefit in nearly all cases of night-sweating. The following, taken from the *Medical News*, will be of interest to our readers in this connection:

The various remedies brought forward at different times for this troublesome state have each in its turn proved useless in certain cases, and while agaricin may be mentioned as one of those which deserve the least praise, in our own experience pilocarpine amounting to the twentieth of a grain, given from one to two hours before the sweat is expected, is potent for good. The means by which this result is brought about are not far to seek. The drug in all doses greatly stimulates the peripheral ends of the nerves supplying the sweat-glands. In many instances we find excessive secretion dependent upon depression of function, as in a serous diarrhoea or a local sweating of the feet. These states pass away just so soon as the parts regain their normal tone through proper treatment. The night-sweats of phthisis are improved by pilocarpine, because this drug in all doses stimulates the sweat-glands. In large doses this stimulation amounts to diaphoresis; but in the minute dose such as we name, the stimulation just balances the depression, and a normal

tone is acquired. While it is true that pilocarpine and atropine are physiological antagonists, it will be found practically beneficial to prescribe small doses of both in such cases as refuse to respond to either one alone, as by their antagonism they prevent over-action on other parts of the body, and both act in harmony in so influencing the sweat-glands as to be of service to the physician.—*Canada Lancet.*

THE ROLE OF POTABLE WATERS IN THE ETIOLOGY OF TYPHOID FEVER.

There has long been a consensus of medical opinion as to the rôle of drinking-water in the causation of typhoid, and facts to prove an etiological relation are accumulating every year. Recently, Vaillard has made a communication to the Société Médicale des Hôpitaux in which he furnishes new bacteriological proofs.

1. In March, 1889, there broke out in the regiment of cavalry quartered at Melun an epidemic of typhoid fever, but only one squadron was affected; this squadron made use of the water of a particular well which had been contaminated in some unknown way; repeated examinations of samples of this water revealed the presence of the *bacillus typhosus*.

2. At Cherbourg there was an epidemic of enteric fever affecting particularly a military company; the water-supply of this part of the city had been contaminated by typhoid dejections in a manner easily explicable, and samples of this water showed the *bacillus typhosus* in abundance.

3. Similar facts were noted with regard to epidemics which prevailed last year and the year before at Miranda, at Bourg-en-Bresse, and at Châtellerault.

M. Vaillard's method of identifying the typhoid bacillus seems to have been in accordance with the most approved data of bacteriological science.

At the same meeting, Chantemesse stated some facts of interest respecting the influence of Seine water on the prevalence of typhoid epidemics. It

was remarkable that, whenever from accident happening to the reservoirs or mains of the other water sources, the water of the Seine was distributed to the various departments and drank by the inhabitants or the soldiery, an epidemic of typhoid appeared.

This statement was corroborated by M. Schneider at a meeting of the Société de Médecine Publique, December 27, 1889, who also showed by facts that had come under his own observation as military surgeon, that the use of Seine water for drinking had repeatedly been followed by epidemics of enteric fever. Such an epidemic has recently prevailed in the barracks of Paris, owing to the temporary shutting off of the water of the Vanne, which seems to be of exceptional purity.—*Boston Medical and Surgical Journal*.

THE PATHOLOGY AND THERAPEUTICS OF THE MIDDLE EAR.

At the meeting of Surgeons, Prof. Politzer, perhaps the greatest living authority, read a communication on the "Pathology and Therapy of the Externan Atticus of the Middle Ear." This space is contained between the head of the malleus—"Hammer-Ambosskörper"—internally and externally by the tympanum; above by the ligamentum mallei superius, and below by the membrana Shrapnelli. In this space primary or secondary is the centre of an intractable discharge with perforation of the Shrapnell membrane which gives it considerable interest to the practitioner. After giving sketches and showing preparations to prove that this space in the new-born infant is filled with embryonic tissue, he illustrated how this became absorbed in the adult, and the "äussere atticus" formed sometimes with bands or folds of mucous membrane stretched across it as relics of its former condition. The pathological changes were the accumulation of serum and mucus after catarrhs or changes in the middle ear; adhesion of the membrana Shrapnelli to the neck of the hammer; the formation of polypi, cholesteates, fistular openings, etc., etc. He then went over the therapeutics,

specially noting the treatment where matter is present, or perforations existing. For perforations he recommends Hartmann's canula for washing out these inaccessible parts, and a solution of sublimate (1 in 2,000) when any septic doubt exists. After destroying the septic condition the discharge might be checked by a solution of boracic acid (1 in 20), spirits of iodol, nitrate of silver (1 in 10), etc. Where the discharge is obstinate and caries is suspected, he recommends a careful exploration with the sound of the auditory ossiculæ vel margo tympanum. The hammer should be removed when caries has been verified by the sound, as any remnant of it will not assist in the function of hearing. Where the margo tympanum is affected or rough and irregular, Politzer recommends scraping it out with a sharp instrument, several cases of which he showed at this stage where the operation had been performed without any impairment of hearing.—*Med. Press and Circular*.

THE NASAL PHARYNX: ITS PATHOLOGY AND TREATMENT.

Dr. John N. Mackenzie (*Journal of Laryngology*) concludes:

1. The nasal pharynx is, in quite a large proportion of individuals, exceedingly sensitive to reflex-producing stimulation.

2. The areas chiefly involved are the posterior portions of the turbinated erectile tissue, and various points along the upper and posterior portions of the naso-pharynx.

3. In consequence of this extreme sensitiveness, a local pathological process, which in many persons would give rise to no reflex neuro-vascular changes, may awaken a host of neurotic phenomena referable not only to the region primarily involved, but also to other and even remote organs of the body. These may include cough, asthma, and various neuralgic affections, or the local structural lesion may be the starting-point of the various sympathetic affections of the local respiratory tract.

4. That this class of naso-pharyngeal neuroses are explicable on the same

general principles laid down in the article read before this Association May 29, 1886 (*vide* "Transactions, page 154 *et seq.*"), and the pathology of the nasal and post-nasal affections is, therefore, one and the same.

5. That when the morbid process originates in the pharyngeal tonsil, attention should not be directed to the bursa alone, but an endeavor be made to extirpate the tonsil, as far as possible, in its entirety.

6. That, while a favorable prognosis cannot be safely predicted by treatment of the bursa alone, extirpation of the pharyngeal tonsil often offers the most favorable prospect in long-standing cases of post-nasal inflammation.

THE TREATMENT OF ENDOMETRITIS.

Dr. Bock, assistant physician to the Hôpital St. Pierre, in Brussels, gives in *La Clinique* some notes of a series of cases of endometritis in which very satisfactory results were obtained by the use of Canquoin's paste applied to the interior of the uterus. Dr. Bock does not give the strength of the preparation, and this is not always the same in various continental formularies. The paste is made by mixing one part of chloride of zinc with two parts, or, according to some formularies, with one part of flour, and enough water to enable the mass to be kneaded into the required form. For the uterus, of course, the form required was that of a stick of such length as to reach from the fundus to the external os. A careful measurement had, necessarily, to be previously taken with the sound, and the cavity washed out with a sublimate solution. The stick of Canquoin's paste was then introduced, and retained by means of a plug of cotton-wool. For three or four hours the patients sometimes suffered a certain amount of pain, but this was by no means unbearable, and frequently there was no pain at all. Vomiting was occasionally produced in very sensitive subjects, but in none of the fourteen cases in which this treatment was adopted was there any pyrexia or other complication. The

patients were kept in bed for a few days, and warm antiseptic injections given. The caustic produced a slough to the depth of from two to five millimetres, which came away, sometimes revealing a perfect cast of the interior, and even showing the commencement of the Fallopian tubes. Dr. Bock considers that this treatment is suitable—where the cervical canal is sufficiently patent—in all cases of chronic simple endometritis, as well as in fungoid or hemorrhagic cases, and that it is peculiarly beneficial in cases of gonorrhœal origin, and he does not find that chronic or subacute inflammation of the uterine appendages forms any contra-indication. His results agree with those of MM. Polaillon and Dumontpallier, who first recommended this treatment, and who were successful in thirty-eight out of forty cases in which they employed it.—*Lancet*.

CREOLIN IN CYSTITIS OF THE FEMALE.

Having found creolin a valuable remedy in cervical catarrh, and in leucorrhœa, and reading of Cheron's success with it in urethritis, Dr. Parvin was led to try it in cystitis. In the first case, one of several months' standing, he used a 2 per cent-mixture, producing no pain and getting a very satisfactory result. The second case was acute and severe—following careless catheterization. Frequent catheterization was necessary, and the urine was offensive and quite purulent. The bladder was washed out with a mixture of creolin, of the same strength as in the previous case. This was followed by violent local suffering, lasting several hours; the urine, however, for half a day, was free from odor and contained less pus. Next day a 1.5 per cent. mixture of creolin was used. Although the injection caused great suffering, and, on this account, was not repeated a second time, a cure rapidly ensued without the use of other remedies. Within a week the urine was *clear*, and the cystitis had vanished. Probably the strength of the mixture had something to do with the rapidity of the cure, but beginning the

treatment of cystitis, he would employ a weaker mixture—perhaps 0.5 per cent., gradually increasing the strength from day to day, as the bladder seemed more tolerant or the disease more obstinate. These cases, and two others in which he has used creolin, lead Dr. Parvin to believe that it will prove very useful in the treatment of cystitis in the female.—*Med. News.*

THE UNCONTROLLABLE VOMITING OF PREGNANCY.

Guéniot (*Annals of Gynecology*) says:

There are three fundamental indications to be satisfied:

1. The morbid or abdominal excitement of the uterus may be allayed by remedying the different pathological conditions which produce it. Various means may be used for this purpose, including the use of belladonna, cocaine, morphine, vaginal injections, or appropriate topical applications, the Gariel pessary, elevation of the pelvis with inclination of the body, cauterizations and artificial dilatation of the cervix.

2. The activity of the reflex transmissions must be diminished or suppressed by the use of bromo-chloral, by chilling of the spinal region, by moral influences, etc.

3. The intolerance of the stomach must be treated by calming its erethism and relieving its different disorders by careful diet, by abstinence from all acid drinks, by the use of alkaline water with small quantities of ice, by a fly blister at the epigastrium, and by suitable laxatives. The stomach must be relieved from work as far as possible, and medicaments must be introduced *per rectum*, or subcutaneously, as far as possible.—*American Lancet.*

RESUSCITATION OF ASPHYXIATED INFANTS.

Immediately after birth of the infant, when he sees no signs of life, Dr. Duke requests the nurse to take charge of the uterus, and proceeds thus: He does not cut the cord until pulsation has nearly ceased. Then he raises the

body of the infant and, turning its face downward, with arms and legs pendant, allows the thorax alone to rest across the open palm of the left hand, and, at intervals of five seconds, compresses the ribs with his hand, as one would the bulb of a syringe. While the left hand is thus fully occupied, the position of the head allowing the tongue to fall forward and facilitate the escape of mucus from the mouth, he cleanses the lips of the infant with a napkin held by the right hand, and inserts the right index finger well into the pharynx, to establish the atmospheric highway. He then changes the infant to the right hand, so that the tips of the fingers resting near the heart will at once detect any improvement in its action. If the action of the heart is not satisfactory he plunges the infant into a large basin of hot water, rubbing the chest and back vigorously. Friction of the spine is more important, as it undoubtedly stimulates the respiratory powers. A little spirit poured over the back by the nurse, and well rubbed in, is also efficacious—in conjunction, of course, with the artificial respiration, which is to be kept up as regularly as possible.—*Med. Press and Circular.*

ADMINISTRATION OF CHLORAL IN INFANTILE CONVULSIONS.

Widerhofer, of Vienna, recommends (*Revue Générale de Clinique et de Thérapeutique*) the following as a sedative in infantile convulsions:

R—Hydrate of chloral, . . . 3 i;
Distilled water, . . . f 3 iii;
Syrup of bitter orange-peel, . . . f 3 i;

A teaspoonful every two hours.—*Med. News.*

It is no longer profane, says a contemporary, to suggest that the Supreme Being does not afflict us with scarlet fever or cholera because of our impiety; but that we must find the origin of such diseases in bacteria bred by our filth, or by that of our neighbors.

—*Med. Times.*

THE CINCINNATI LANCET-CLINIC:

3 Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, February 15, 1890.

The Week.

LAY PORTRAITS OF FASHION- ABLE DOCTORS.

The *Medical Press and Circular*, commenting on the latest professional sensation of London, remarks, under the above headlines :

Much as we, in common with the majority of those concerned in the upholding of professional dignity, may disapprove of some of the latest developments of modern journalism, we can not withhold our admiration of the graphic sketches taken by the lady correspondent who made a round of medical calls last week in the interest of the *Pall Mall Gazette*. The necessity of a "silver key" at Sir Morell Mackenzie's, the impossibility of seeing Sir Andrew Clark at all "without an appointment," and the "bowed form" of Sir Oscar Clayton, brought about as in the case of Sir Pertinax McSycophant by much "booing," are all life touches which will be universally recognized, but the description of a visit to Dr. Robson Roose is too delicious to be so briefly dismissed. His condescension in seeing the patient after his hours, his reassuring affability, his congratulations on her having escaped falling into the hands of "unprincipled" persons who would "in-

considerately," he did not say intentionally, have unduly frightened her, are fitly capped by the question as to how the lady came to consult him at all. The interrogation of a physician who has sixty patients under his hands with the prevailing epidemic, "from Cabinet Ministers downwards," as to whether she came "*through a chemist*," is a touch worthy even of Molière.

The prototypes of the egotistical *specialist* class may be found in every large city of the world, and the methods often pursued by professors of the regular faculty are so closely allied to those of the charlatan, that it becomes difficult for one to draw the line of demarcation. A correspondent in the following number addresses the editor thus :

To the Editor of the Medical Press and Circular:

SIR:—I was highly amused with your annotation under the above heading in your last issue. It is a polished satire on our "fashionable physicians and surgeons." The naive inquiries of one of the so-called "Fashionable Physicians" of the lady interviewer as to his own merits and claims for public notice are very suggestive of the direction in which the profession is moving. This gentleman should certainly not try his 'prentice hand on me. But are not the men of "light and leading" responsible for nearly all the shams of the day? Is it not notorious that rank injustice and a most illiberal spirit prevail in the *upper circle* of the profession, and this drives men into devious paths to gain meretricious distinction. Even certain medical journals speak in very measured terms of the labors of those who deserve well of their generation, unless they belong to certain schools. In at least one of the Colleges, appointments are distributed by the President to his own colleagues, quite regardless of excellent men whose claims are at least equal, if not superior to the favored few; whilst in the medical societies the same narrow-minded influence is ever at work. A member of one of the leading medical societies has just been nominated by the council (and elected) vice-president, who is years junior in the society to some who were passed over. But then he belongs to a certain hospital. I might illustrate all this cliqueism in a hundred ways. Why then court the false smile of Science, when even Mammon is more true to her devotees? I am, Sir, yours, etc.,

NOT ONE OF THE FAVORED FEW.

The "favored few" not only reside in London, but in every other civilized center. They have always existed and

will always continue to exist, unless their pretentious claims are held up to public ridicule. When the *New York World*, on the 27th of October, last, sent Miss Nellie Bly as a detective to visit seven of the most prominent *specialists* of the Metropolis — and the bright and healthy young woman found, according to the skillful diagnoses made, that each *specialist* discovered that she suffered from a different malady; and that she had everything, from an incipient cataract to prolapsus uteri; and that each one of the celebrated professors gravely prescribed different medicines for different diseases, at the large compensation of ten dollars for an expert opinion; and, that the formulas embraced in the *New York World's* collection of valuables included nux vomica, muriatic acid, digitalis, arsenious acid, sulphate of quinine, phenacetine, bromide of potash, exalgine, etc., — we do not wonder at the *World's* criticism on the want of acumen of the learned profession, and that it wrongfully judged, by trapping so-called expert *specialists*, the mass of modest practitioners, who would have given better advice at far less compensation. However, if the *World* wants to be humbugged, let it be humored to its bent.

Every medical man is liable to make a mistake, but, somehow, the ordinary physician is not caught up as easily as your dogmatic specialist, who should never make mistakes in his own line of business, but who is usually determined to find the malady that properly belongs to him, whether it exists or not; and the *germs* of disease are so minute now-a-days, and popular theories so universally accepted, who shall doubt his scientific honesty or his personal integrity?

Physicians are too prone to skip around the truth with nimble-tongued

agility. The patient desires an opinion, and that's what he pays for; medicine has become so universally known by its theories that the laity desire a diagnosis rather than treatment; perhaps they are often wise in avoiding the latter. The assumption that medicine is a science, and the fear of telling the truth when one is ignorant of the real nature of a malady, is rank professional cowardice. The patient who comes to an office complaining of obscure and ill-defined symptoms should not be furnished with a positive diagnosis, nor should he be lectured to and the amphitheatre arts—applied to the student—invoked. A doctor never loses anything by acknowledging that he is oftentimes buried in the depths of ignorance, no matter what his capabilities may be. The lawyer's cases, like those of the doctor, go up daily on petitions in error, and the learned counsel thinks it no reflection on his professional standing. The opinions of lower courts are overruled by higher courts, as is also the case of those arrant pretenders of the pulpit who offer eternal salvation to every church passenger on all the different trunk lines that lead to glory, for the clergy, like the doctors, "bind and loose," as the old axiom reads. The profession at large should encourage the criticism of those who profess to be its leaders. If they be true leaders, no ridicule will detract from their merit; but if they be mere pretenders hiding under the masque of vast superiority, let them be unveiled with the midnight bell of the medical carnival.

T. C. M.

WOODBURY says that ten grains of the bicarbonate of soda in a half-ounce of an infusion of *ura ursi* every two hours will relieve acute inflammation of the bladder immediately.

IS A BELIEF IN THE SUPER-NATURAL INSANITY?

A recent English medical journal, in an article headed "Spiritualism and Insanity," fulminates as follows:

Testators would do well to control or disguise spiritualistic tendencies, for their exhibition in any marked degree opens the door to litigation by disappointed heirs after their death. Such an action is now pending in France, and there will doubtless be a conflict of expert testimony as to the significance of a belief in the manifestations of spiritualism in relation to the sanity of the individual testator. The question, of course, must turn on the details in this particular case, for unless a belief in the supernatural is to be accepted *per se* as evidence of insanity—a doctrine somewhat in advance of the times—a leaning in the direction of spiritualism has nothing in it to stamp any one as insane.

This home thrust should awaken the wrath of the clergy, whose doctrines, no matter what their sect, are decidedly *spiritualistic*. To the orthodox Christian the doctrine of spirit materialization must be a fixed fact, for at the time the veil of the Temple was rent in twain from top to bottom we are told the spirits of the dead came out and walked; and even the orthodox Jew, if he believes his own chronicles, must admit that King Saul and the witch of Endor indulged in an unique materialization exhibition. If a belief in any one thing supernatural be insanity, a belief in all or any of the many religions professed on this earth is an evident symptom of mental perturbation. Some people believe in Hell and a horned and hooved Devil, and some don't; yet we do not consider the former persons *insane*, any more than those who believe that their dead friends on the other side can commune with those who still remain on earth. Any religion without

the elements of pure spiritualism loses all its ideality, and poetry and all religions rest on the supernatural, be they those of Moses, Christ, Mahomet, Bouddah or Confucius. Any form of spiritualism that elevates a soul confers a blessing on all mankind; it is easier to hug a delusion full of hope than to delve into abstract matters that offer nothing but despair. Much ado is made over the fact that insane asylums sometimes contain persons whose mental aberration is attributed to a belief in *spiritualism*, so called; how many more cases are attributed to religious mania? We await the decision of the French psychological experts on this case with interest, and, knowing full well the tendency of the Parisian to pure materialism, will not be surprised to find the verdict to be "All forms of spiritualism, including modern beliefs, are certain indications of mental weakness."

T. C. M.

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday evening, February 17, DR. J. M. FRENCH will report "Two Cases of Bright's Disease."

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, February 18, DR. WM. CARSON will report on "Typhoid Fever and Chronic Bright's Disease;" DR. A. D. BIRCHARD will read a paper on "Nodular Rheumatism;" and DR. C. B. VANZANT will read a paper on "Relation of Rheumatism to Hemorrhage."

ACCORDING to the statement of the Registrar of the New York Board of Health, the greater ratio of deaths occur in old houses, modern houses being more conducive to health.

SEND to Dr. Love of St. Louis for a sample copy of the *Medical Mirror*.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending February 8, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid fever.		Group not Diphtheritic.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1.....	4						4	1			
2.....											
3.....							1				
4.....			1				1	1			
5.....	1				1		2				
6.....	2										
7.....					2	1	1				1
8.....					1						
9.....							2				
10.....							1				1
11.....					2		3	3			
12.....					5	1					
13.....					3		2				1
14.....	3		1		4	1	2				
15.....							2				
16.....											
17.....											
18.....	1						1				
19.....					1		1				
20.....	1										
21.....											
22.....							2				
23.....			3		3	1					
24.....											
25.....			1				3				
26.....			1								
27.....							5				
28.....	6	1					1	1			
29.....											
30.....							1				
Cin. Hosp.											
St. Mary's Hosp.											1
Totals....	18	1	7	1	22	4	32	9	1	3	
Last week.	10		5		22	2	25	4		4	

The following is the mortality report
for the week ending February 8, 1890.

Croup.....	3
Cerebro-Spinal Meningitis.....	1
Diarrhoea.....	1
Diphtheria.....	9
Enterocolitis.....	1
Measles.....	1
Typhoid Fever.....	1
Whooping Cough.....	4
Other Zymotic Diseases.....	5—26
Phthisis Pulmonalis.....	16
Other Constitutional Diseases.....	5—21

Bright's Disease.....	1
Bronchitis.....	9
Convulsions.....	4
Heart Disease.....	10
Liver Disease.....	1
Pneumonia.....	15
Other Local Diseases.....	19—59
Old Age.....	1
Premature Birth.....	2
Other Developmental Diseases.....	7—10
Accidental.....	1

Deaths from all Causes.....	117
Annual Death-rate per 1,000.....	18.41
Deaths for corresponding week in 1889....	96
Deaths for corresponding week in 1888....	107

BYRON STANTON, M.D., Health Officer.

ST. PETERSBURG is quarantining
against Asiatic cholera.

HEALTH BULLETIN.

Reports to the Ohio State Board of
Health from 20 observers for the week
ending February 7, 1890.

Form of Disease. In the order of preva- lency.	REMARKS.	
	No. who re- port cases.	No. of cases reported.
Bronchitis, acute....	13	75
Pneumonia.....	11	29
Tonsillitis.....	10	26
Diarrhoea.....	10	19
Rheumatism, acute.	10	10
Pleurisy.....	6	6
Measles.....	3	42
Remittent Fever..	3	4
Intermittent Fever..	2	3
Diphtheria.....	2	3
Consumption, pul.	2	2
Erysipelas.....	1	1
Dysentery.....	1	1
Typho-Mal. Fever..	1	1
Cerebro-Spin. Men.	1	1
Whooping-Cough..	0	0
Typhoid Fever....	0	0
Puerperal Fever...	0	0
Cholera Morbus...	0	0
Scarlet Fever.....	0	0
Croup, membranous.	0	0
Cholera Infantum..	0	0
Vernon, 1 case; Salem, 4 cases; Lancaster, 1 case; Ravenna, 5 cases.		
Typhoid Fever: Cleveland, 2 cases, 2 deaths; Youngstown, 1 case; Fostoria, 1 case; East Liverpool, 7 case, 3 deaths; Edison, 1 case.		
No infectious diseases reported to health officers in the following places: Middletown, Shawnee, New Bremen, West Alexandria, North Twinsburg, Norwalk, Kirkwood, Smithville, Bellecentre, Logan, West Liberty, Carthage,		

Malinta, Rawson, New London, Uhrichsville, Matamoras, Mansfield, Kent, Garrettsville, Wellston, Bainbridge, Beverly, New Richmond, Piqua, Bloomingburg, Higginsport, Lorain, Versailles, Ashley, and Miami and Licking Townships.

NOTICE TO HEALTH OFFICERS :

Our Fourth Annual Report is being mailed. Please notify us at once of the number of copies wanted for members of your board, and we will supply them if possible.

C. O. PROBST, M.D., Secretary.

THE PHILADELPHIA LYING-IN CHARITY has been compelled to close its doors, on account of an outbreak of malignant puerperal fever.

MISCELLANY.

TENTH INTERNATIONAL MEDICAL CONGRESS, BERLIN.

RULES OF ORGANIZATION.

1. The session of the Tenth International Medical Congress will be opened in Berlin, Monday, August 4, 1890, and will continue six days.

2. The membership of the Congress is made up of legally qualified medical men, who are registered and have obtained their cards of admission. Other scientists who are interested in the work of the Congress may be admitted to associate membership. The participants pay a registration fee of \$5. They receive a copy of the transactions as soon as published. Registration should be made at the commencement of the meeting. Persons may also register previous to the meeting by sending the registration fee, their names, stating the position they hold and their place of residence.

3. The objects of the Congress are for purely scientific purposes.

4. The work of the Congress is distributed in eighteen sections. At the time of registration, persons should designate the section or sections of which they wish to become members.

5. The Committee on Organization will conduct the election of permanent officers, which shall consist of a President, three Vice-Presidents, and of a number of honorary Presidents and Secretaries.

The various sections will elect their officers, consisting of a President and a number of honorary Presidents. The latter are to conduct the sessions of the sections in conjunction with the President. For the reason that a number of different languages are official, it will be necessary to select a suitable number of Secretaries from among the foreign delegates. Their duties are confined to the sessions of the Congress.

After the close of the congress the transactions are to be published by an Editorial Committee, especially appointed for the purpose.

6. Sessions of the Congress and of the separate sections will be announced later.

7. The general sessions are: (a) For the transaction of business relating to the general affairs of the Congress. (b) For papers and communications of general interest.

8. Transactions of the sections will be announced later.

9. Papers will be read at the regular general sessions as well as at special regular sessions, if any are held, by those only who have been selected for this purpose by the Committee on Organization. Suggestions relating to the prospective work of the Congress should be in the hands of the Committee on Organization on or before July 1, 1890. The latter will decide whether the suggestions should be accepted or acted upon.

10. All essays, papers, or communications read before the general sessions or the various sections, must be delivered in writing to the respective secretaries at the close of each session.

The Committee on Publication decides whether papers shall be published whole, or in part, or at all.

Members who take part in the discussions are requested to give the secretaries a written copy of their remarks before the close of each day.

11. The official language of the Congress is German, French, and English. The rules, as well as the programmes and daily announcements, will be published in all three languages. It is permissible for members to avail themselves of any other language, for the purpose

of making brief remarks, provided some one is present to translate them into one of the official languages of the Congress.

12. Papers read before the sections are as a rule limited to twenty minutes; while speakers during discussion are limited to ten minutes each.

13. The presiding officer conducts the session according to the usual parliamentary rules governing the holding of meetings.

14. Students of medicine and others, ladies or gentlemen, who are not physicians, but who take special interest in the proceedings of the various sections, may be invited by the presiding officer, or be permitted, on application, to attend the sessions as visitors.

15. Communications or requests for information relating to any one section should be addressed to the President thereof. Send other communications or apply for information to the general Secretary, Dr. Lassar, Karlstrasse 19, Berlin, N. W., Germany.

NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.

OFFICERS.

President—J. N. McCormack, M.D.,
Bowling Green, Ky.

Treasurer—Henry B. Baker, M.D.,
Lansing, Mich.

Secretary—C. O. Probst, M.D., Co-
lumbus, O.

SECRETARY'S OFFICE. }
COLUMBUS, O., Feb. 3, 1890. }

To the Secretary of the State Board of Health.

DEAR SIR: It has been decided to hold the next Annual Conference of State Boards of Health at Louisville, Ky., about May 1 (you will be informed of the exact date), and your Board or its delegates are most cordially invited to be present.

As heretofore, the Conference will be principally devoted to the consideration of questions relating to the practical work of State Boards of Health, and in order that the discussion may be of the greatest value a list of the questions to be presented at the next Conference will be printed and sent to all State,

Dominion, and Provincial Boards of Health.

You are earnestly requested to send to the Secretary, at Columbus, O., not later than March 1, one or more questions or propositions which you desire to have considered.

Please formulate your questions in the exact phraseology you wish to have them appear. I will be glad, also, if you will name the person you desire to lead in the discussion of the topics you propose. You will also please send, as soon as possible, the names of the delegates appointed by your Board.

Trusting to hear from you by the time mentioned, I have the honor to be,
Very respectfully yours,

C. O. PROBST, M.D., Secretary.

P.S.—The proceedings of the last Conference have just been published, and copies can be obtained from Mr. E. K. Meyers, State printer, Harrisburg, Pa.

DISTRICT OF COLUMBIA BOARD OF EXAMINERS.

Senator Ingalls has introduced a bill into the Senate establishing a Board of Medical Examiners for the District of Columbia. The bill provides that the Board shall consist of ten physicians or surgeons, three dental surgeons, and, in addition, five homœopathic practitioners of medicine. The term of office shall be four years.

The members are to be appointed by the District Commissioners, and the Board is to prescribe rules and regulations for the examination of all candidates for the practice of medicine appearing before it. The Board is to examine all persons of either sex appearing before it, and when an applicant shall have passed a satisfactory examination the President of the Board shall grant to such a person a certificate to that effect. Examinations are to be practical, and no candidate is to be kept waiting for an examination for a longer period than thirty days. Re-examinations are to be held at the expiration of three months.

Any person obtaining a certificate from the Board shall register the same

at the health office and shall then be allowed to practice the branch in which he has passed the examination, and no person shall commence the practice of medicine, surgery, or dentistry in the District who has not first obtained such a certificate.

No person not a registered practitioner of medicine shall offer for sale any drug, nostrum, etc., without first obtaining a certificate from the Board setting forth that the said article may be offered for sale.

Violations of the act are to be punished by a fine of not less than \$20 nor more than \$100, or by imprisonment for not less than thirty days nor more than 365 days, or by both.

Nothing in the act is meant to affect the business of registered pharmacists or of physicians called in for consultation from other cities.

—*Boston Med. and Surg. Jour.*

EXECUTION BY ELECTRICITY.

Dr. A. D. Rockwell, who was invited by the New York State Commission of Lunacy to examine, as an expert not interested, in any of the electric lighting companies, the plant provided for executing the death penalty in New York, has completed his work, and is reported as having said: "So far as I have been able to obtain light on the subject I am convinced that either the alternating or continuous current will answer the purpose of the State. I am not prepared to assert that either of them is a more certain executioner than the other. It would probably be desirable to provide for interruptions of the current if the continuous were used. It is unfortunate that a commercial war should have been allowed to interfere in the matter of electrical executions, for I am convinced there is no more sudden or painless mode of executing human beings. We had trustworthy instruments for measuring the currents, which we borrowed from Johns Hopkins University, and we also made mechanical tests and found the dynamos would light thirty electric lights of fifty volts each, showing that at least 1,500 volts could be guaranteed. This I am

sure is more than is needed, as I am satisfied that 1,000 volts will invariably kill a human being painlessly, and as we find a protracted contact is not necessary, all danger of burning the body can be avoided."

THE GRIPPE BACILLUS.

A New York daily thus discourses entertainingly regarding the reported discovery in Vienna of the bacillus of influenza: "We are glad of this on general principles, though precisely what good is to flow from the discovery it is difficult to guess. On that point Agassiz's rebuke to the man who asked what use there was in a certain scientific discovery is applicable. Agassiz answered the question with the inquiry: 'What is the use of a new-born babe?' Dr. Koch, it will be remembered, was positive that his comma microbe was the bacillus of cholera, because it was bent exactly like a man with a severe pain in the region of the transverse colon. If the grip-bug belongs to the punctuation group, so to speak, he should resemble an exclamation mark, as that is the only typographical device we have that suggests a sneeze. The important thing for the professors to discover, however, with reference to the grip-bug is how to put him to death. As regards him the average man is interested only in the effectiveness of modes of execution. What have the pathologists to say on that point?"

THE TITLE CRAZE.

Titles, as is well known, are as much objects of desire here as elsewhere. Every man wishes naturally to make as good a show as his neighbor. The Cultus Minister, however, thinks this legitimate longing may carry people too far sometimes, so he has seen fit to issue a decree to Curators of Universities bearing on the point. According to the decree Privatdocenten, corresponding in England to extramural lecturers of a recognized status, are not to describe themselves in public advertisements! (in öffentlichen An-

zeigen) or titles of books, on visiting cards or the like, with the title "Dozent an der Universität" (lecturer at the University). The title Privatdozent is the only one suitable. Who is to prevent this being done does not transpire, but no doubt the Cultus Minister will find some means of enforcing his decree, especially as the appointments to professorships are practically in his hands, and it is quite possible that the light of his favor would not shine on any aspiring Privatdozent who had flouted him in the matter of a titular distinction.—*Med. Press and Circular*.

VALUE OF A CITY'S REFUSE.

The value of the refuse of a great city is seen in the fact that the New York Street Commissioner has given a contract to trim the garbage scows to an Italian, who agrees to pay the city \$1,552 per week for the privilege, or \$80,704 yearly. The privilege was sold last year for \$1,101 per week. The contractor employs men to pick over the refuse while trimming the scows, and from what they hand over to him he is able to secure a large profit.

DR. EDWARD MILLER, son of the late Dr. Henry Miller, Professor of Surgery in the Louisville Medical College, and editor of the *Louisville Medical Herald*, died at his home in Louisville, January 20, 1890. The cause of his death was heart failure incident upon an attack of *la grippe*. Dr. Miller was a man of uncommon talent and large learning. He dies in the prime of manhood, being forty-eight years of age, and vacates a place in the ranks of medical practice, education, and journalism which it will be difficult to fill.

—*Practitioner and News*.

A REMARKABLE accident occurred at Newburgh January 30, by which a horse and man was severely injured and another man was killed by electricity. In this case neither the horse nor either of the men was even in contact with the wire that carried the fatal current. The current was diverted from the wire, the insulation of which had be-

come impaired, by an iron awning-post, which the horse, who was tied to it, touched with his nose. In going to his rescue the man who was killed also touched the post, but the man who was injured simply touched the body of the other.

THE medical profession of Philadelphia has been paid a new honor in the announcement that Dr. Hobart A. Hare, Demonstrator of Therapeutics at the University of Pennsylvania, has been awarded a prize of \$800 by L'Academie Royale de Médecine de Belgique for his essay on epilepsy. The first prize of \$1,600 was shared with Dr. Hare by the eminent Dr. Christian, of Charenton.

HALF a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore his faculties and powers of locomotion to a man who is helplessly intoxicated. A wine-glassful of strong vinegar will have the same effect, and is frequently resorted to by drunken soldiers to enable them to return steadily to their barracks.

IT is a fallacy to suppose that the cravings of a patient are whims, and should be denied. The stomach often needs, craves for, and digests articles not laid down in any dietary.

ANDREW TWADDLES, who died on Christmas day, near Moorestown, O., was the last member of a family of nine children, all of whom were born blind.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

Bibliography.

LAPARO-HYSTEROPEXIE CONTRE LA PROLAPSUS UTÉRIN.

Par PAUL DUMORET, ancien interne en médecine et en chirurgie des hôpitaux de Paris, etc. Avec 8 figures dans le texte. Paris: Aux bureaux du *Progres Medical*.

The already rich vocabulary of gynecological technical terms is enriched by this new-coined Greek word, "hysteropexy," borrowed by the author from Mr. Trelat, exactly translating the Latin "utero-fixation." To this the author has prefixed the word "laparo," to express more precisely the nature of the operation: abdominal utero-fixation. Although, as a rule, we deprecate the introduction of new terms into medical literature, because it savors too much of pedantry, nevertheless we regard this term as preferable to Howard Kelly's designation, "hysterorrhaphy." "Raphe" means *seam*, and if the word is to be used analogous to "trachelorrhaphy," "colporrhaphy," and "perineorrhaphy," it presupposes an incision followed by union of the divided structure; but in the operation of utero-fixation the uterus itself is not divided, but simply attached in part or in its entirety anteriorly to the abdominal wall. "Hysterorrhaphy" would therefore be the proper technical appellation for Casarean section, an operation in which the uterus itself is opened and sutured again, making a "seam."

This monograph is based upon the study of twenty-five tabulated cases in which the operation was performed: twenty-two are collected from various authors, to which the author has added three hitherto unpublished cases of Messrs. Terrier, Tuffier, and Segond. He divides the operation into primary and secondary hysteropexies: in the first the operation was performed for prolapsus of the uterus, pure and simple, and in the second it was complementary to other operations, as myotomy, oöphorectomy, etc. Of the so-called complementary hysteropexies (operations accessory to other laparotomies), he has tabulated fourteen operations, whilst

the remaining eleven are operations especially undertaken for the cure of prolapsus of the womb. The author has gone thoroughly into the history of his subject, not only citing the various published cases, but also describing and illustrating with figures the various methods of practice by Terrier, Olshausen, Leopold, Czerny, and Kelly. The author entirely adopts the views and operative method of his master, Terrier, whose writings he quotes extensively throughout the work. All other methods of relieving prolapsus of the womb, as the use of pessaries, the various methods of perineorrhaphy and elytrorrhaphy, Alexander's operation of shortening the round ligaments, etc., are all critically discussed in proper order and compared with that of abdominal fixation. It need hardly be said that the author is an enthusiast for the last-mentioned operation, — hysteropexy, — which he places far above—too sweepingly, we think—all the other mentioned substitutes. Pessaries are condemned in toto: perineorrhaphy and elytrorrhaphy have been found wanting; also Alexander's operation, or, as the French prefer to call it, Alquié-Alexander's operation for shortening the round ligaments is regarded as unsatisfactory.

In our humble opinion "hysteropexy" may be a valuable procedure in some obstinate cases of old prolapse, but we doubt the expediency of resorting to it in preference to every other known means of relief. Pessaries, it is true, are only too often abused, but they have their place: a torn perineum and consequent rectocele may drag down the uterus, which may be relieved by a timely operation for correcting the original difficulty, although we agree with the author that it is not the vagina which supports the uterus. The most rational operation for long-standing prolapse, and especially retroversion, seems to us still to be Alexander's operation of shortening the elongated round ligaments: the only question here being, will the new fixation of these ligaments be strong enough to hold the weighty uterus up in place? If we bear in mind the great pelvic distress often caused by pathological adhesions

of the uterus to the surrounding structures, it becomes questionable if such artificial fixation of the womb as is made in hysteropexy may not in time cause as much discomfort as the originally prolapsed womb itself. Certainly the operation is unanatomical when compared with Alexander's operation. Nevertheless, we can understand that owing to the insufficiency of other means in individual cases abdominal fixation of the womb may be clearly indicated.

In accordance with the most generally accepted views, strict antisepsis, or rather asepsis, is imperatively demanded for the operation.

The second half of this work gives a more extended and complete history of all the more important "hysteropexies," chiefly collected from German and French sources. A full bibliographical index closes the volume, which we can strongly recommend to all who desire complete and thorough information on this subject, and who understand the French language. We would regard an English translation, with the addition of some more recent operations performed in this country and hitherto unpublished, as a valuable addition to the literature of a subject in a field which has been but sparingly cultivated.

W. H. W.

A TREATISE ON DISEASES OF THE NOSE AND THROAT. In Two Volumes.

By FRANCKE HUNTINGTON BOSWORTH, A.M., M.D. Volume I. With 186 plates and illustrations. New York: William Wood & Co.

As we take up this portly tome of nearly seven hundred pages of fairly close reading-matter, and remember that this is only one of two such volumes devoted to diseases of the nose and throat, we are made to fully realize the importance of the specialty that is made of the study and treatment of those organs.

The irritant, abnormal atmosphere in nearly all towns and cities is largely the cause of inflammations and all sorts of troubles of the upper air-passages. The author of this great work has no

doubt been surprised—amazed—at the magnitude of the field in which he is a tiller, and in which he found a deal of fallow ground. In this first volume is taken up a consideration of diseases of the naso-pharynx, accompanied by excellent descriptions in detail of the various operations that have been resorted to for the removal of growths from the nasal passages and naso-pharynx. We are greatly pleased that the author has incorporated in this volume an extended chapter on asthma, showing that primarily this affection is often dependent upon a diseased condition of the nasal mucous membrane.

The above is sufficient to give our readers an indication of the scope of a valuable work—one that we are prepared to commend as useful alike to the general practitioner and specialist.

THE NATIONAL MEDICAL DICTIONARY: Including English, French, German, Italian and Latin technical terms used in Medicine and the collateral Sciences, and a series of Tables of useful data. Vol. I, A to J; Vol. II, K to Z.

By JOHN S. BILLINGS, A.M., M.D., etc., with the collaboration of a number of distinguished assistants. Philadelphia: Lea Brothers & Co.

Many—very many—times during the past few years have we been asked, When will the publishers issue a new Dunglison's Dictionary? For an answer the querist was always referred to the Messrs. Lea, of Philadelphia. The necessity of a new edition of that invaluable work seemed imperative. The evolution in medicine within the past sixteen years,—the date of the last edition of Dunglison was in 1873,—with nothing to practically take its place, has left a void in our professional literature that was every year widening, until the Messrs. Lea Brothers & Co. have again come to the front with this supplanter of the old, in the garb of two portly volumes, printed with good-sized type in double columns, and edited by that prince in such work, our former townsman, Dr. John S. Billings, of the Surgeon-General's Office, U. S. A. The total number of words and phrases de-

fined is \$4,844, of which 25,496 are Latin, 9,158 French, 16,708 German, and 6,514 Italian. The work is one of the most welcome that has appeared from the publishers for many a day, and reflects great credit on the compilers and all who have been in any way connected with its publication.

A HAND-BOOK OF OBSTETRICAL NURSING. For Nurses, Students, and Mothers. Comprising the Course of Instruction in Obstetrical Nursing given to the Pupils of the Training School for Nurses connected with the Women's Hospital of Philadelphia.

By ANNA M. FULLERTON, M.D., Demonstrator of Obstetrics, etc. Philadelphia: P. Blakiston, Son & Co. For sale by Robert Clarke & Co. Price \$1.25.

While this little brochure is evidently designed for the practical instruction of nurses, we cannot but note that it is a first-rate thing to put in the hands of physicians. The author pertinently says: "The excellent results attained by an adherence to the methods here taught prove the value of *cleanliness*, *antisepsis* and *eternal vigilance* on the part of the nurse in averting the dangers of childbirth and reducing the mortality of early infancy."

A HAND-BOOK OF PATHOLOGICAL ANATOMY AND HISTOLOGY. With an Introductory Section on Post-Mortem Examinations and the Methods of Preserving and Examining Diseased Tissues.

By FRANCIS DELAFIELD, M.D., and T. MITCHELL PRUDDEN, M.D., both of the College of Physicians and Surgeons of New York. Third edition. Illustrated by 224 engravings, some of which are in colors and from original drawings by the authors. New York: William Wood & Co.

While it was evidently the purpose of the authors to prepare a text-book for the special convenience of students in the making of dissections and pathological investigations, their work was so well done as to make it of value alike to students and practitioners. As indicated by the title, the work comprises instruction in the methods of making post-mortems, of preserving

diseased tissues, preparing them for microscopical examination, and of cultivating and examining bacteria. In connection with which there is given an account of the lesions of the different parts of the body, including general diseases, violent deaths, and of poisoning; the changes produced by inflammation and degeneration; and of the structure of the tumors. In other words, the authors give us a knowledge of pathological anatomy and histology to date.

ARTIFICIAL ANÆSTHESIA: A Manual of Anæsthetic Agents and their Employment in the Treatment of Disease.

By LAURENCE TURNBULL, M.D. Third edition. Revised and enlarged. With illustrations. Philadelphia: P. Blakiston, Son & Co., 1890. For sale by Robert Clarke & Co. Price \$2.50.

After diagnosis, with a decision as to the necessity for a surgical operation, one of the first and prime thoughts of the surgeon is as to the anæsthetic and the person to administer it. While the record of deaths from this cause is not long, yet it is sufficiently so to make him use the utmost care and caution. In fact, the study of the phenomena of anæsthesia is of the very greatest importance to the operator. In this monograph Dr. Turnbull has furnished the profession with a most excellent text-book, from which may be gleaned useful lessons and an amount of information that is of the greatest benefit. The man who practices surgery cannot afford to do without this little book, while every doctor should be familiar with its contents.

A TEXT-BOOK OF PRACTICAL MEDICINE. Designed for the Use of Students and Practitioners of Medicine.

By ALFRED L. LOOMIS, M.D., LL.D. Eighth edition. Revised and enlarged. With two hundred and fifteen illustrations. New York: William Wood & Co., 1889.

The first edition of this work by Professor Loomis was issued in the latter part of 1884, and it is wonderful—simply marvellous—that the eighth edition of a text-book of this character

should be placed on our table in less than six years. This fact of itself places it beyond criticism, and in language only understood by a wide-awake publisher tells in stentorian tones of the popularity of the teachings of the author. In this revision phthisis has been classified as an infectious disease, and its pathology and etiology rewritten in conformity with its bacillary nature, adopting the name *pulmonary tuberculosis*. The author does wisely in using the pathological term *nephritis* instead of the indefinite one of Bright's disease. In this manner he is enabled to make a more exact classification of renal diseases. The work, our readers will see, is right up to date.

THE CURE OF CROOKED AND OTHERWISE DEFORMED NOSES.

By JOHN B. ROBERTS, M.D. Philadelphia: P. Blakiston, Son & Co.

This little monograph is the embodiment of an address delivered before the Philadelphia County Medical Society,

and was originally published in the proceedings of that body. We are glad the author has seen fit to have it republished and placed within the reach of the profession at large.

EDUCATION AND CULTURE AS RELATED TO THE HEALTH AND DISEASES OF WOMEN.

By ALEX. J. C. SKENE, M.D. Detroit, Mich.: Geo. S. Davis, publisher.

This is one of the very best of Mr. Davis' twenty-five-cent series. The name of the author is a guarantee as to the quality of its contents.

THE Medical Society of the County of Kings, N. Y., advises the physicians called to testify in any case to meet before and discuss the entire matter, so that there may be a full understanding on the part of all the physicians. In this way it is hoped to elevate the esteem in which medical experts are held.

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THE
CINCINNATI LANCET-CLINIC:

A WEEKLY JOURNAL OF
MEDICINE AND SURGERY.

New Series Vol. XXIV.

CINCINNATI, February 22, 1890.

Whole Volume LXIII.

Original Articles.

REPORT OF A CASE OF
PYOSALPINX.

WITH EXHIBITION OF SPECIMENS.

A Paper read before the Cincinnati Medical
Society, February 11, 1890.

BY

RUFUS B. HALL, M.D.,

CINCINNATI.

The specimens consisted of the tubes and ovaries. The tubes were largely distended with pus and the ovaries disorganized. There were many shreds of tissue adhering to every part of the tubes and ovaries, showing plainly how firmly adherent they had been before removal.

Mrs. B., aged twenty-five, of this city, was referred to me by Dr. J. A. Murphy, December 11, 1889, to whom she had first applied that day for treatment. In giving the history of the case I shall only refer to the most prominent symptoms, as given by the patient. The history of suffering dates back to the birth of her child, June, 1885, which was followed by peritonitis from which she never fully recovered. November 23 of the same year she contracted a cold, which was followed by some lung complication, with high fever for ten or twelve days. This was followed by pain in the abdomen, which became very tympanitic. At that time her pulse was 120, and temperature 100.4° for about three weeks. About the time that the abdominal distension commenced to disappear she developed cystitis, requiring the use of the catheter for a long time, and she was confined to her bed most of the time until July 11, 1886. From July to December she

was able to get along without treatment, but in December she was compelled to call a physician. This very excellent physician treated her for several months. She complained at that time of pain in the back and abdomen and an irritable bladder. He treated her several months, with no marked improvement. She suffered so much from the irritable bladder and pain in the abdomen that it was thought best to examine her under an anæsthetic, which was done; but this did not throw any new light on the cause of her pelvic and abdominal pain. Soon after this, in April, 1887, the patient changed her medical attendant, and was under the care of a very careful and competent physician for a number of months without gaining any permanent benefit from local and constitutional treatment and electricity. By this time there must have been considerable inflammatory mischief involving the ovaries and tubes, judging from the fact that she suffered constantly from the bladder irritation; and she was unable to wear a pessary on account of the pain which it caused, although several varieties were tried. Receiving no permanent benefit, she stopped treatment altogether until January, 1888, when she employed another physician, who treated her several months locally and constitutionally; but she did not gain any permanent benefit and stopped all treatment until August, 1889. From that date up to December 1, 1889, she was under the care of another physician, who treated her locally and constitutionally with no permanent benefit.

When she came to me, December 11, 1889, she was very much emaciated, and said that she was growing gradually worse from month to month. She complained of pain in the back and

both inguinal regions. The whole abdomen was tender to pressure. Pulse, 120; temperature, 101°. She complained bitterly of the bladder irritation, and said that she would willingly stand all of her other pain if I would promise to relieve that. The uterus was fixed, and the least attempt to move it caused great pain. By careful and gentle manipulation I could determine that the uterus was enlarged, and that there was enlargement on both sides of it. I had no hesitation in pronouncing the case one of pyosalpinx, and advised an operation as soon as the patient's general health could be improved.

She was put upon tonics and forced feeding until January 23, 1890, when the operation was made and the specimens here presented removed. Present: Drs. Carson and E. Ricketts, of this city, and Drs. Drake and Hardee, of Texas. The tubes and ovaries were firmly adherent to intestines and omentum. There was a small fibroid in the posterior wall of the uterus. The patient has had an easy convalescence, and was able to leave the bed for a short time on the fourteenth day after the operation, and has done so each day since that time. Her bladder irritation is not so marked as before the operation, and is improving. The condition of the specimens removed demonstrates very plainly and forcibly the necessity of the operation.

It will be remembered that this patient had peritonitis after the birth of her child. As I have stated before, the importance played by septic infection in the production of inflammatory diseases of the uterine appendages cannot be over-estimated from a clinical standpoint.

There is ample proof that the exciting cause of the affection in a very large per cent. of cases is due to infection. I am aware of the fact that cases do occur where it is impossible to trace its origin to infection or an extension of the inflammation from the uterus, yet the possibility of either could not be possibly excluded. From my observation I am convinced that septic infection is the cause of these diseases in a very large per cent. of cases, although

it may be impossible to trace its origin in all of them.

Again, the chronic form of the disease almost always proceeds from the acute, it matters but little, if any, what the original cause of the attack was; this statement holds good for the reason that the conditions are most unfavorable for the healing of the catarrhal process. Acute exacerbations occur from trivial causes, and the repeated attacks finally cause complete closure of the uterine end of the tube, as well as the ostium internum. In consequence of the total closure of the tube the normal secretion, which only trickles in very small quantity into the uterus or peritoneal cavity, is retained in the tube. Then the histological composition of the inner surface of the tube and the secretion become pathological. The tubes become more or less distended with the most varied contents, which may be similar to the serum of the blood or may be more or less thick, bloody or purulent mucus, until the tubes become very much enlarged and sacculated. As the case advances the large tube becomes sealed to neighboring parts, and acquires the well-known sausage shape that is so characteristic of tubal distension. By the repeated attacks of inflammation the existent catarrhal secretions in the tube may, and not infrequently are, changed into pus, producing the typical pyosalpinx.

In no class of cases is the history of such vast importance as those under consideration, yet it is scarcely necessary to say that in no case, from the history alone, are we justified in recommending an operation. But a history of almost constant suffering of some years' standing, directed especially to a certain locality, perhaps originating in an attack of pelvic or abdominal inflammation either connected or not with parturition, to which we may add sterility, and we have a history that will help us very much in forming a correct diagnosis. While physical signs are important, they are not more so than the *history itself*. By vaginal examination we can easily recognize diseased appendages; yet this is not always possible. But if we have a pyosalpinx we

should be able to recognize a diseased mass behind or on one or both sides of the uterus in the large majority of cases; it is exceedingly tender on pressure, and cannot be displaced or pushed upwards with the examining finger. This mass, I have good reason to believe, is not infrequently mistaken for some misplacement of the uterus. I have my opinion upon the fact that I hardly ever see a case of pyosalpinx which has been treated by a number of physicians that has not been subjected to the torture of pessaries in the mistaken idea that they would correct the misplacement of the uterus. For the past two years this patient has not been able to do a single day's work, and for weeks together she could not sit up a whole day.

The lesson this case should teach is this: When these cases of chronic invalids go from one good physician to another, where they have had the best local and constitutional treatment for months without benefit, look for pustules, and in the large majority of cases you will not be disappointed.

CURETTING OF CHANCROIDS.

Dr. O. Petersen, of St. Petersburg (*Allg. Wiener Mediz. Zeitung*), has employed the following treatment in 162 cases of chancroids, the average period of healing being eight days. After injecting a 4 per cent. solution of cocaine into the base of the ulcer, he scrapes out the sore thoroughly with a small sharp curette, so as to leave behind a clean surface. Care should be taken that no pockets remain under the excavated margins of the chancroid. After the curetting the ulcer is irrigated with a 2 per cent. solution of carbolic acid or a 1 to 2,000 sublimate solution, and an iodoform dressing applied. No hemorrhage was observed from the scraping, even in cases where the sore was situated on the glans penis.—*International Journal of Surgery*.

MENTHOL for pruritus is superior to carbolic or salicylic solution—in alcoholic solution of 3 to 6 per cent.

—*Therap. Monatshefte*.

SUNSHINE.

BY

GEO. J. MONROE, M.D.,

LOUISVILLE, KY.

Sunshine is just as essential for the welfare of the human family as food or clothing, and, in fact, more so, as we would have none of the latter without the sunshine. It is the cause or source of all life and growth, because there could be no existence without it. Plant a potato in the open air where the sun shines upon it and notice how green and thrifty it becomes—see what life and growth it represents. But plant one where, to a great extent, it is deprived of the sunshine, and notice how white and lifeless the vine will grow; it will not mature and yield of its kind at all. This is so of all vegetable life, and doubly so of animal. The fish in rivers found in caves where the sunshine is excluded remain small and stunted. Compare those of the human family who live where they have an abundance of sunshine with those who live in dark cellars: the first are ruddy and fresh-looking, the picture of health and activity; while the second are pale and waxy, feeble, with soft muscles, as well as soft bones. Our cases of rickets come from this class mostly. These cellar-bred children are weak and listless; it is apparently an effort for them to live at all, and they do not live very long.

It is a great mistake to shut out the light from our dwelling-houses and places of business, and particularly so from the sick-rooms. The curtains should be raised to the very top of the windows and let the sunshine come in. Many a patient, in my opinion, has died for the lack of sunshine. School-rooms, more particularly, should be built in such a way that the sun may reach every nook and corner of them. Plenty of windows and but few curtains should be the rule.

The good housewife makes a sad mistake when she closes the blinds and curtains to keep the sun from injuring her carpets and furniture. How much better to injure these than to injure a

human life by deprivation of the pure life- and health-giving sunshine. Sunshine is the best disinfectant we have.

We should educate our children not to be afraid of the sunshine, but should induce them to be in it as much as possible. Take a boy that is a great deal in the sunshine and open air, and we do not have pale cheeks, soft, flabby muscles, languid ways, and a tired, dirty, sickly look. But his cheeks will be tinted by the sunshine, a glow of health upon them; his muscles hard, and activity and sprightliness will mark his every action. These boys who are largely fed and nourished by the sunshine and pure air become in after-life the bone and sinew of this or any other country. They are the ones that give sledge-hammer blows in business, the bar, and the pulpit, and everywhere else in life, while the hot-house plants, that have been deprived of the sunshine, never, as a rule, are able to wield more than a tack-hammer. They are driving tacks all their short lives, while the others are driving spikes for the long period of years during which their lives continue.

Exclude the sunshine and the blood becomes thin and watery—the fibrin and red corpuscles are diminished. The face becomes waxy and pale. The body becomes dwarfed and the intellect impaired. The heart's action is more frequent and less strong: palpitation is frequent. The flesh is reduced in quantity. When these cases are attacked by disease they have but very little recuperative power, and usually succumb to the disease. Miners seldom ever recover when they become sick. The puny underfed and underlit children of our large cities, as a rule, do not reach adult life, and if they do they are wrecks: very much like poor stocks and bonds, much under par.

Sun-baths, I believe, should be more frequently used in the treatment of diseases than they generally are. In strumous and feeble children, in anæmic adults, in consumptive cases, and many other types of disease, it is the best recuperative medium we can resort to. No medicine can take its place—no remedy equals it. I believe one of the

most powerful tonics in the majority of diseases is sunshine. A sun-bath for an hour or two daily is strengthening, revivifying, and more exhilarating than old wine. Put them in a room where the sun can reach them from every direction, strip them naked, and let them drink in the sun, as it were, upon the entire surface, and health will be restored, life renewed. This will be found more efficacious in making the old young than all the Brown-Séquard elixirs that ever have been discovered. During the blue glass craze many were greatly benefited, not that the color of the glass had anything to do with it, but the sunshine did them good.

The sun and air are Nature's greatest remedies for disease. Sleep, Nature's restorer, is acquired by exposure to the sunshine during the day. How sweet and balmy our rest at night if we have been in the sunshine and pure air during the day. How good our appetite and how we enjoy our meals if we have been working in the sunshine. How clear our conscience if our occupation is in the sunshine. The Devil seldom ever makes his appearance in the sunshine. He who doeth evil likes darkness because of his deeds. But he who doeth good enjoys the brightness of the day and likes to bask in the sweet cheering rays of the sun.

VENESECTION IN CHLOROSIS.

Dr. Wilhelmi, of Güstrow, strongly recommends that in cases of chlorosis a small quantity of blood should be taken from the arm. He has practiced this treatment in twenty-five cases, and speaks warmly of the success he has met with, the patients in some cases expressing themselves as greatly relieved immediately after the operation, and the affection taking a marked change for the better from that time.—*Lancet*.

It is said that consumption and other lung troubles will be checked by a residence on the Channel Islands, the only complaint not benefited by the climate being rheumatism.

Correspondence.

A HOME-MADE INHALER.

Editor *LANCET-Clinic*:

DEAR SIR:—Having been a reader of your valuable journal for many years, and having just read the very instructive article on the use of menthol, from the pen of J. Lennox Brown (extract from *Med. Press and Circular*), on page 164 of LANCET-CLINIC, I wish to say that there has been a little home-made instrument entirely overlooked by the general practitioner.

The best inhaler is made thus:—take a sheet of letter paper six inches square, roll into cone shape, fasten by a sticker or a pin, have small end one-eighth to one-fourth inch diameter, large end three-fourths to one inch diameter; then put medicated cotton into large end, push down one or two inches and drop into this cotton the menthol solution, camphor, laudanum, chloroform, or the iodine, tr. turpentine, or whatsoever the physician desires to be inhaled (a few drops, say ten or fifteen). Have the patient place the large end of this device into his mouth and inhale full, deep breaths through the same, exhaling through the nose. The cotton prevents dust from reaching the air passages and medicates the air inhaled.

Reverse the little instrument, charge with laudanum and chloroform, aa 5 gtt., place the small end in the ear of a child suffering from ear-ache, and let the nurse fill her lungs and blow her warm breath through the tube; this causes vapor to pass into the child's ear and gives immediate relief.

Acknowledging the very valuable hints in the LANCET-CLINIC to aid in relieving the sufferings of our fellow-man,

I am, respectfully,

M. M. ADAMS, M.D.

GREENFIELD, IND.

[The suggestion of Dr. Adams is useful. If physicians would make it a rule to make known in this manner any new device, even though it be only new to them, and modes of treatment, there

would be a continuous stream of contributions to our aggregate knowledge that would be invaluable.

Twice within the past year we have listened to very eminent men make known the fact that with two fingers in the vagina, they could make a much more satisfactory digital examination than with one, the statement being made as a brand new discovery. The writer has known the method to be both practiced and taught for nearly thirty years, and then not taught as a new thing.

Improved devices are just as likely to be made by an intelligent practitioner away out in the country beyond a day's reach of an instrument maker, as by the most accomplished specialist; necessity in such instances being the well known mother of invention.] Ed.

TREATMENT OF MASTURBATION.

A correspondent of the *British Medical Journal*, writes: There is a plan of treatment apparently little known, but completely successful in cases in which the habit is a nocturnal one. A "cage" is carefully fitted over the genitals by an instrument maker, and kept in place by straps, which are secured by small locks. In the case of children, the parent keeps the keys. It is equally valuable for older youths, or men, who unwillingly find themselves overpowered at night. In such cases, the key, after locking the straps, is placed some distance from the bedside, and before it can be used the temptation has passed.

SALOL IN ULCERS OF THE LEG.

Dr. E. Grätzer (*Ther. Monatshefte*, Nov., 1889) recommends a mixture of salol and starch, 1 to 24, as a dusting powder for ulcers of the leg. It is applied in a thin layer, and should not be used in greater strength than above. This powder has also proved of value in eczema and burns.

—*International Journal of Surgery.*

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of January 20, 1890.

The President, WM. JUDKINS, M.D.,
in the Chair.

G. A. FACKLER, M.D., Secretary.

Anencephalous Monstrosity.

DR. J. M. WITHROW presented a fetal monster, with the following remarks:

This is an acephalous monstrosity of the anencephalous variety, weighing five pounds and measuring twelve inches in length. It was delivered on the 230th day of gestation, after a short and almost painless labor.

The patient was enlarged to about the size of a full-term pregnancy, and there was quite an excessive amount of amniotic fluid. The discharge of liquor amnii was the first symptom of labor, not being preceded by the slightest pain and occurring before the patient had risen from her bed in the morning.

When first examined a large bag of unruptured membrane, distended by fluids, filled the vagina, and, as the cervical dilatation was not larger than a silver dollar, gave the impression of a breech presentation. The presenting part at this time seemed so small that I was uncertain as to the position, knowing that a normal head at that time of gestation should be much larger than the part reached by the finger.

With further dilatation I made out the prominent eyes without difficulty, and concluded that the face was presenting. Soon after the head passed through the os, and then occurred a long delay, for which I could not at the time account, caused by the arrest of the shoulders, which were so much larger than the head.

At this time I noticed that whenever I made pressure on a certain part of the presenting head vigorous movement was excited on the part of the fetus and remarked by the mother. This was unaccountable at the time, for

I had not then diagnosed a monstrosity; but after the delivery I soon ascertained the cause of this phenomenon. There is an entire absence of the cranial arch, and no brain is to be seen unless some small nipple-like protuberances just back of the bridge of the nose are cerebral matter, and these are isolated from the medulla, which lies exposed at the posterior part of the base of the skull at the upper extremity of the spinal cord. It was pressure upon this exposed medulla that elicited the fetal movements, and should have led to the diagnosis had I been familiar with Tarnier's experience. He first called attention to this phenomenon, and was thereby enabled to diagnose a monstrosity of this variety in his clinic early in labor, to the great wonder of his pupils.

The entire base of the skull is covered by a smooth serous membrane, presumably the arachnoid, which is bounded in front by the skin on the orbital ridges, laterally by a small amount of hairy scalp just at the level of the ears, and posteriorly by the medulla. There is no neck, the head being sessile upon the shoulders.

The child is perfectly formed otherwise, but did not breathe, as is usual in such cases.

The mother asked the usual question as to any mark or deformity of the child, and was assured that there was nothing abnormal. She then ventured the information, which is also quite usual—indeed, almost universal—that she had been frightened during her pregnancy, and expected the child to be marked. In this instance, however, as is again usual, she expected the child to be marked on the other end, as she had put her hand to her hip at the time of her fright.

The condition of hydramnios probably caused the premature labor. The association of amniotic dropsy and some malformation or defective development of the fetus is quite common.

DR. J. MORTIMER GRANVILLE, in the *Lancet*, for the treatment of cancer, recommends papain and thallin in the form of pills, and local applications of a paste of the two drugs.

THE PHILADELPHIA COUNTY
MEDICAL SOCIETY.

OFFICIAL REPORT.

*Meeting of January 8, 1890.*Vice-President JOHN B. ROBERTS, M.D.,
in the Chair.DR. CHARLES B. WILLIAMS read a
paper entitled*A Study of Aneurism of the Pul-
monary Artery, with Re-
port of a Case.*

A careful study of recorded cases shows several varieties of dilatation of the pulmonary artery. The first and by far the most common variety is a general dilatation of the trunk and primary branches. Next in frequency comes sacciform dilatation. The artery in some cases of sacciform aneurism has been dilated to the size of a pomegranate, and the case recorded by Dr. Sydney Coupland, in 1875, showed a dilatation of six and one-eighth inches in circumference. Fusiform dilatation is also found. I have found reports of but two cases of dissecting aneurism of the pulmonary artery. Finally, we have the arterio-venous aneurism, where there is a communication between the aneurismal sac and the ductus arteriosus. The only case of this variety known to me is that recorded by Drs. Balfour and Smith, in 1879. The diagnosis in this instance, however, was inferential and based on negative signs, for the patient was living when the article was published.

Aneurisms of the pulmonary artery, such as I have been considering, are for the most part usually situated on the trunk. But the dilatation has extended to the main branches and even to smaller ramifications of the artery.

Through a process of atheromatous change multiple aneurisms of the pulmonary artery are often formed on the walls of old phthisical cavities; and through erosion or sudden bursting of the walls of these aneurismal sacs a fatal hæmoptysis has frequently occurred. Buhl and Zenker⁽¹⁾ have described such cases, and Jos. Cornet⁽²⁾ in an elaborate thesis has recorded thirty-four cases of

peripheral aneurism of the pulmonary artery occurring in phthisical cavities.

Dr. William Aitken,⁽³⁾ of Edinburgh, records a case of a soldier who had died suddenly of hemorrhage from the lungs. On opening one of the tubercle cavities it was found filled with coagulated blood, and projecting from a spot on the wall of this pulmonary cavity was a round tumor of the size of a walnut. The tumor had ruptured and the rupture held a coagulum of blood. The tumor was found to be an *ectasis* or aneurismal dilatation of the pulmonary artery. Several other tumors of a similar nature but of much smaller sizes existed in other cavities in the lungs, projecting from the pulmonary artery.

The causes of aneurism of the pulmonary artery are chronic endarteritis or atheroma, syphilis, great pressure in the pulmonary circulation, as in marked mitral stenosis or insufficiency, collapse or emphysema of the lung with great hypertrophy of the right ventricle, and patency of the ductus arteriosus.

The symptoms of aneurism of the pulmonary artery are lividity of face, dyspnœa, cough, dysphagia, headache, pain in the chest and epigastrium. The principal physical signs that have been recorded are a systolic pulsation and tremor (sometimes also diastolic) between the second and third ribs of the left side near the sternum, perceptible in a decreasing degree downward but wholly wanting above the clavicle. A very loud, superficial, rough, systolic murmur propagated to the left and upward above the clavicles and over the whole præcordial region, but loudest upon the prominence between the two ribs mentioned. The above physical signs and symptoms are by no means constant; and even should they all be present they might be caused by aneurism of the aorta or by a mediastinal tumor lying over the vessels.

It is claimed that a means of establishing a differential diagnosis between aneurism of the aorta and pulmonary

¹ Virchow's Archiv., 1862, p. 183.

² Jos. Cornet: Contribution à l'étude des anévrysmes de l'artère pulmonaire, Paris, 1885.

³ Science and Practice of Medicine, by Wm. Aitken, M.D., Edinburgh, 1868.

aneurism can be made by observing the cardiac hypertrophy and dilatation. If it should prove to be on the left side of the heart, aneurism of the aorta is indicated; if on the right side, pulmonary aneurism.

The differential diagnosis between subclavian aneurism and aneurism of the pulmonary artery may be made from the fact that a pulmonary tumor above the clavicle points to sub-clavian aneurism, while such a pulsation, on the other hand, is entirely absent in pulmonary aneurism.

The treatment of aneurism of the pulmonary artery is the same as in other thoracic aneurisms. And, probably, the method that will give most success is that instituted by Mr. Tuffnell, *i.e.*, a careful regulation of diet, a definite quantity of solids being administered at stated intervals, the object being to support life with as little food and drink as possible. Potassium iodide and subcutaneous injections of ergotine have been also recommended.

Lichtheim,⁽¹⁾ after a series of thirty-three experiments, mostly made on dogs, seems to have shown that ligation of a pulmonary artery is without any effect upon arterial blood-pressure; hence, any operative treatment of this kind in aneurism of the pulmonary artery would be useless.

My attention was called to the subject of pulmonary aneurism by having the following case put under my professional care by Dr. John B. Roberts, a short time before the patient's death.

REPORT OF CASE.

John B., æt. forty, colored, a laborer, applied to the Philadelphia Polyclinic Hospital for treatment on July 19, 1887, with the following history:

Family history negative. Personal history: at the age of twenty-two he had gonorrhœa and chancroid. In 1875 he had specific disease and chancre, but no secondary symptoms followed. In 1879 he took a severe cold, followed by cough; and during this time he had a slight hemorrhage, the blood being light-colored.

¹ Lichtheim, L.: Die Störungen des Lungenkreislaufs, etc., Breslau, 1876.

Two months later he had hæmoptysis, the blood being dark-colored. In a short time the patient became very weak. At present he has dyspnœa but no pain. His appetite is poor and bowels are regular. On July 21, 1887, Dr. Thomas J. Mays made an examination, and from his clinical records the following notes are obtained.

Physical Signs.—Dulness on percussion below the left clavicle from the sternum to the shoulder-joint. A low systolic bruit is heard over this region as well as a very perceptible thrill to the fingers. The systolic bruit is propagated over the whole cardiac area and into the axilla. The maximum intensity is, however, at the junction of the first intercostal space with the sternum. There was no bulging whatever. No cardiac conditions were noted.

The left radial and axillary pulse is weaker than on the right side. He has frequent pains shooting down his left arm. A diagnosis was made of left sub-clavian aneurism, possibly of syphilitic origin.

The patient was treated with iodide of potassium, arsenic, nitroglycerine, atropine, strophanthus, etc., in accordance with his symptoms; but no marked improvement occurred. He was then transferred to Dr. John B. Roberts' care, who admitted him to his ward in St. Mary's Hospital on August 20, 1887.

Dr. Roberts now called a consultation of the surgical staff of St. Mary's Hospital, and the diagnosis of sub-clavian aneurism was concurred in by Drs. Keen, Mears, and Grove. It was decided to ligate the sub-clavian and carotid arteries unless improvement followed confinement to bed and very restricted diet associated with large doses of potassium iodide. The patient was accordingly put to bed, allowed exceedingly small quantities of milk and beef tea, not permitted to leave his bed even to go to the water-closet, but was enjoined to lie perfectly quiet and given as large doses of potassium iodide as he could take without toxic symptoms.

As soon as interference with digestion or irritation of the mucous membrane resulted from iodism, the dose was diminished. The exact quantity taken

in twenty-four hours cannot now be definitely determined. It was, probably, in the neighborhood of two drachms per diem. Under this treatment he continued for about twelve weeks. His condition improved, the thrill in the sub-clavicular region became almost extinct, and in every respect the patient was vastly better. Confinement to bed, however, became so irksome to him that he finally insisted upon getting up and returning to his home on December 4, 1887.

Dr. Roberts saw him once or twice at his own home during the winter of 1887 and 1888, and finding him not as well as when he was in the hospital, but in a very fair condition, advised at that time the operation mentioned above. This was, however, declined by the patient.

Nothing further was heard of the patient until the spring of 1889, when Dr. Roberts was asked to see him subsequent to a profuse hæmoptysis. It was then stated by the patient that in the interim of treatment he had got along quite well and had been frequently out and about the streets and was well enough had he been a man of affairs to have attended to ordinary business engagements, though, of course, heavy physical labor would have been impossible. He was treated with fluid extract of ergot, ammonium bromide, tonics, etc., for the hæmoptysis, excessive cough, and grave debility. It was stated that at one time he lost about one pint of blood. This seemed to relieve the dyspnœa, and he was, therefore, made more comfortable. There was also profuse muco-purulent expectoration. He was then admitted into Dr. Roberts' ward at St. Agnes' Hospital, June 22, 1889.

In May, 1889, a note was made that there was marked bronchial breathing on the right side of the chest, sub-crepitant râles on both sides, and a good deal of cough—though cough was not so excessive as it had been.

The fact that the aneurism had not increased in size since Dr. Roberts had seen him previously, which was nearly a year and a half; and that there was no bulging forward or evidence of ero-

sion of the sternum or ribs, made him suspicious as to the aneurismal character of the growth, and he therefore suggested the possibility of the disease being a vascular sarcoma located within the chest. Operation had been deferred at the time the patient was in St. Mary's Hospital because of the improvement under medicinal treatment. And at the present time the fact that no increased development was apparent rendered operation questionable, especially as the man evidently was the subject of phthisis.

Upon his admission to St. Agnes' Hospital the patient was very weak, had great dyspnœa, was the subject of harassing cough with expectoration, and was evidently in a precarious condition. June 22, 1889, a physical examination was made by Dr. J. P. Crozer Griffith, an abstract of whose notes, made by Dr. Thomas Vincent, the resident physician, is as follows:

No abnormal pulsations were noticed in the neck. Dyspnœa generally marked on talking. Expansion of the right side was much greater than that of the left side. Supra-clavicular fossa was more clearly depressed on the right side than on the left side. No bulging anywhere in the intercostal spaces; they were about normal on both sides. No marked difference in vocal fremitus.

Percussion of lungs: right side anterior, full and resonant; left side, supra-clavicular fossa, resonant over clavicle, and extending downward to about the first intercostal space decidedly impaired.

The resonance of the manubrium was normal, the impairment commencing with the cardiac dulness.

Axillary resonance normal.

Right supra-spinous and back of supra-clavicular fossa: fine crackling râles heard on inspiration. Expiration prolonged and somewhat bronchial. Infra-clavicular fossa gave much the same inspiration, and the expiration was prolonged. Over the right side of the chest a murmur was noted, and fine râles occurring with expiration. Left supra-clavicular fossa: numerous small mucous and some fine râles, with the bruit over the respiratory sound. Over

the left chest: respiratory sounds feeble, with numerous mucous and sub-mucous râles. Posteriorly, infra-spinous fossa, both sides somewhat impaired. Infra-spinous fossa, negative. Elsewhere in the chest, negative.

Right side, auscultation negative. Left side, auscultation supra-spinous fossa: numerous mucous râles heard. Inspiration feeble. Infra-spinous fossa, and elsewhere over the chest, numerous râles. Respiration on right side bronchial in character.

Heart: First left interspace from the boundary of the sternum outward about two inches, was a very distinct thrill, but no expansile pulsation. Apex beat very feeble, and only felt in the fourth and fifth interspaces within the nipple line when the patient was leaning outward, or on full and held inspiration.

Auscultation of heart: at apex of heart a low-pitched systolic murmur was heard. Second sound clear. Over the xiphoid cartilage a ringing second sound was noted, and a high-pitched systolic murmur. Over a portion of the chest there was a loud systolic bruit. There was no diastolic murmur. A systolic murmur could be heard faintly in the left carotid, and likewise a loud murmur above the left clavicle. The murmur was faintly heard in the left axilla. There was a faint murmur in the left supra-spinous fossa, but none elsewhere in the back.

Right radial artery: normally full tension. Left radial artery: scarcely perceptible.

The patient died August 14, 1889.

An autopsy was made by Dr. C. L. Bower, and it was found that the patient had tuberculosis of both lungs, and an aneurism of the pulmonary artery and its primary branches. The pleura was noted to be full of adhesions. The remaining organs were normal in their condition.

An examination of the aneurism showed that the pulmonary artery for about four inches from the heart was dilated symmetrically — the dilatation extending also to the primary branches. There was no sacculation, the form being more like that of a fusiform

aneurism. The cavity at the greatest diameter of its dilatation was about two inches, and corresponded with the position of the ductus arteriosus. The ductus arteriosus seemed wider than normal, and on the pulmonary side appeared to be patulous. On the aortic aspect, however, it was normally closed. The inner coat of the pulmonary artery showed no disease, and was not the seat of fibrinous clots, but contained chicken-fat clots. The aorta showed several atheromatous patches.

DISCUSSION.

DR. J. P. CROZER GRIFFITH: I had the opportunity of examining this case during my term of service at St. Agnes' Hospital, and though I was unwilling at the time to commit myself to a diagnosis of sub-clavian aneurism, and did not feel sure that this existed, I am forced to say that the possibility of the presence of an aneurism of the pulmonary artery did not come into consideration. This case teaches that we should never be led astray by the fact that a certain disease is a rare one, but that its possible existence in any case under examination should always be taken into account. I was forcibly impressed by this some years ago, during the frequent observations made on a case of ulcerative endocarditis, in which the lesion was supposed to be situated in the mitral valve; the possibility of its being a tricuspid lesion, as the autopsy later showed it to be, not having been thought of. And, as in that case, so here, it is instructive afterward to review the symptoms, and to endeavor to determine whether it would have been possible to have drawn a correct conclusion from these and the physical signs.

Very little is written in the text-books regarding aneurisms of the pulmonary artery. Cutler, in the "System of Medicine," by American authors, says that it is of so rare occurrence that it may be merely mentioned. The symptoms of the affection are those described by Dr. Williams, but, unfortunately, only a few of them are usually present in any given case. One patient will have lividity, another dyspnoea, another the peculiar thrill, etc., and, in

fact, there are seldom or never enough symptoms in combination to render the diagnosis easy. I do not now remember the condition of the pulmonary second sound in the case reported, and I do not think that the report mentions it, although I am sure that some reference is made to it in the original notes of the careful examination which I tried to make of the patient. This condition of the pulmonary second sound is a matter of the greatest diagnostic importance.

The diagnosis rests between aneurism of the pulmonary artery, aneurism of the descending portion of the arch of the aorta, and aneurism of the sub-clavian artery.

The position of the dulness might indicate the latter, yet aneurism of the pulmonary artery would occupy about the same position, and that of the aorta might reach the chest wall at the same place. Thrill could occur in any of these aneurisms, and a systolic murmur might be heard in any of them, or might be entirely absent. I believe it was Stokes who raised the doubt as to a murmur heard over the aneurismal sac being at all a symptom of aortic aneurism. He examined a large number of museum specimens of aortic aneurism, and compared them with the clinical histories of the cases. In every case in which a murmur over the aneurism had been recorded during life, disease of the aortic valve was found post-mortem; and, conversely, in those cases in which no such lesion existed, no aneurismal murmur had been noted while the patient was alive. He therefore suggested that it was at least possible that the murmur was simply a transmitted murmur from the diseased valves, and had nothing to do with the aneurism. In the specimen exhibited this evening, I notice that the leaflets at the pulmonary orifice are decidedly diseased; and the case history reports, as you remember, a murmur.

One point which might aid in the diagnosis is the location of cardiac hypertrophy—whether the right or the left side is involved.

There was no marked dyspnoea or lividity in this case, and whatever ex-

isted could be explained as well by the presence of phthisis, from which the patient was suffering.

In aneurism of the aorta we would expect a ringing aortic second sound, probably more distinct over the tumor than over the aortic cartilage. In aneurism of the pulmonary artery, on the other hand, we would look for accentuation of the pulmonary second sound. Such an accentuation, however, does not necessarily indicate aneurism. It is commonly met with in children in perfect health, and it is an attendant on any condition which produces increased tension in the pulmonary circulation. I think that the only way in which we could have reached even a probable diagnosis in this case would have been by detecting evidences of hypertrophy of the right side of the heart and an accentuation of the pulmonary second sound; and in reviewing the matter I cannot feel that we should reproach ourselves in the least for the failure to make a correct diagnosis.

DR. G. G. DAVIS: The importance of the differential diagnosis in these cases is evident. If, under the supposition that the aneurism were one of the sub-clavian artery, that vessel were ligated, the operation would be useless, and the patient might possibly lose his life. The only additional point in diagnosis which I see is that aneurism of the pulmonary artery involves the deeper structures, and is not so apt to give rise to the anterior chest symptoms as usually occurs where the arch of the aorta, or its branches, are involved.

DR. JOHN B. ROBERTS: It seems to me that the interest in this case does hinge largely upon the diagnosis. None of the gentlemen who examined the case three or four years ago suggested the possibility of aneurism of the pulmonary artery. When the case again came under my observation six months ago, it seemed to me questionable whether the sub-clavian artery was the seat of aneurism. I was led to this opinion by the fact that he had lived so long with considerable comfort, and the fact that there was no bulging forward of the ribs or sternum. I did not even then think of aneurism of the pulmo-

nary artery, but was inclined to think that it was some form of vascular sarcoma.

The surgical bearings of the case are very important. After he left St. Mary's Hospital, I strongly advised operation, but he declined. If he had accepted the operation, he probably would have died. This case shows that conservative surgery is sometimes the best surgery. Patients with internal aneurisms may live comfortably for a long time, provided they do not have to do heavy work. I believe that aneurism is a good deal like heart disease. There are aneurisms and aneurisms, just as there is heart disease and heart disease. I recall a somewhat similar case which was published in a journal a few years ago. Aneurism of the sub-clavian artery was diagnosed, and operation performed. The patient died, and no aneurism was found.

DR. M. PRICE: I would ask Dr. Roberts if he ever saw a case of sub-clavian aneurism where there were not some external and positive symptoms near the artery? Is it exactly conservative surgery to tie the sub-clavian artery without some external symptoms of so serious a condition?

DR. ROBERTS: In this case there were external symptoms of sub-clavian aneurism. There was dulness under the clavicle, and there was a distinct thrill when you placed the hand under the clavicle. There was apparently a marked difference between the radial pulse on the two sides. During one period of the treatment the right pulse was barely perceptible. As sub-clavian aneurism progresses, it nearly always bulges up into the neck and outward through the ribs. It was the absence of this, after several years' progress, which led me to doubt the correctness of the diagnosis.

DR. H. A. HARE read a paper entitled

Demonstration of the Effect of the Entrance of Air Into the Veins.

Some months ago I published an account of experiments on seventy dogs, in which I found that the en-

trance of air into the veins of living animals was not so lethal as is generally believed. It has been taught that minute globules of air entering the veins will produce fatal results, or, at least, most serious symptoms. The way in which I discovered the fallacy of this was by making injections of solutions of drugs. I found that when a small quantity of air was introduced accidentally no evil effects resulted. On looking up the literature of the subject I found that the mass of evidence was really against the common belief. There are quite a number of cases on record where patients have died suddenly during operations, and death was attributed to the entrance of air.

In order to be brief, I shall read an abstract from my paper:

"One of the most thorough studies of the subject so far published is undoubtedly that of Wattmann, from whom most of the following information is derived, unless otherwise stated. The first experiments of this kind are attributed to Wepfer, who is said to have killed an ox of stupendous size by blowing air with his mouth into its jugular vein; while Redi, in a letter to Steno, written over two hundred years ago, stated that he had killed in a similar manner two dogs, a horse, a sheep, and two foxes. Similar studies have also been made by Heyde and Brunner. Ruysch, Valsalva, Morgagni, and others, have at autopsies recorded the appearance of quantities of gaseous fluid in the vascular system, which they believed to be air. Very much later, Bichat made startling announcements as to the small amount of air required to cause death when so introduced, but Nysten, a few years later, showed the fallacies in Bichat's assertions.

"In 1818, a patient of Beauchene, at the Hôpital Saint Antoine, while he was extirpating a tumor of the right shoulder and lateral and lower part of the neck, died very suddenly, 'under circumstances which made him believe that this was occasioned by entrance of air into the vascular system through an opening in a vein.' Further cases have since been reported by writers in this

country and abroad by Amussat, Mott, and others.

"The paper of Amussat is one of the most exhaustive of its kind, but its conclusions were vehemently attacked by men no less noted than Velpeau, Gerdy, Blandin, and Malle, all of whom asserted that the symptoms detailed were not to be thought due to the entrance of air, but to other extraneous causes.

"In the experiments of nearly all the early investigators the air was introduced by blowing with the mouth or a syringe, but Amussat carried out a series of studies in which he opened the jugular vein and allowed any air to enter that could do so.

"The experiments of Nysten proved that only large amounts of air produce fatal results, the quantity varying from forty to one hundred and twenty cubic centimetres, according to the size of the dog, and he also found that larger amounts must be used to kill the ox or horse.

"Magendie states that he has thrown, with all the force and celerity of which he was capable, forty or fifty pints of air into the veins of a very old horse without his dying immediately; and Cormack blew the contents of his chest, twice filled, into the jugular vein of a horse before the animal exhibited any signs of uneasiness. Barthelemy has also found that in six horses, weakened greatly by the withdrawal of blood, as much as from four to six litres of air must be introduced intravenously to cause death, and estimates, in consequence, that a man weighing one hundred and thirty-six pounds would be killed only by two-thirds of a litre. Even the experiments of Amussat force him to the conclusion that a considerable quantity of air must be used to cause death. Ore finds eighty cubic centimetres necessary to cause death in the dog.

"The conclusions to be reached, therefore, from all experimental researches, is, that enormous amounts of air must enter a vein to cause death, and that no such quantity can possibly find its way into a vein which has been injured with the knife of the surgeon.

These are the facts against the prevailing idea; let us see what the facts are for it. The answer is that there are none. While we have a large number of cases reported of sudden death under operations where veins were opened, in the majority of them the cause of death has been guessed at and not proved. The only case which approaches in any way toward authenticity is that of Mott, who saw a serious but not fatal result induced by the entrance of air into the facial vein, and even this is not a proved case. The case of Barlow is equally doubtful as to the real cause of death.

"There are a number of cases on record where death has resulted, according to the physician in charge, from the entrance of air into the uterine sinuses.

"Supposing that ordinary atmospheric air is really capable of acting in the manner generally thought, the question arises as to the method of its influence. Erichsen believes it to be due to the frothy state of the blood, which prevents the due transfer of the circulating fluids through the pulmonary tissue, and Bell believed death to be due to the transference of air to the base of the brain.

"Cormack has thought death to be due to gaseous distention of the heart, and Moore thought it to be due to the entrance of air into the cardiac cavities. Other observers have found air in the right heart, and concluded that in this way the blood is prevented from eventually getting to the lungs and general system. Again, it has been thought that the air prevents the closure of the valves of the heart, or that the bubbles of air entering the smaller capillaries acted as emboli.

"Taking up the last theory first, we find, in the first place, there is no evidence whatever to prove that air may not be driven anywhere that blood can flow, and it is, to say the least, curious that any one should suppose that a bubble of air, which is compressible in itself, and capable of assuming any form under pressure, should form an impassable barrier against which a blood-pressure of two hundred milli-

metres could press in vain—a pressure made up of blood, a virtually incompressible body. This seems to be sufficient evidence of the falsity of any such theory.

“Again, why should the air in the cavities of the heart prevent the valves from closing? We are accustomed to test the tightness of rubber bags by inflating them with air or water, and if the valves can close on a current of blood, why can they not do so upon a current of blood and air mixed? If the air was as heavy as mercury, and as difficult of propulsion, such a theory might stand.

“Even the theories of the causes of the supposed deaths in man do not, therefore, stand before a rigid examination, which is hardly to be wondered at when we have proved that the quantity of air entering the veins under such circumstances cannot be very great.

“According to Ashhurst and Agnew, the veins of the neck are the ones most liable to be entered by air; and it is stated by Agnew that the frequency of this accident is due to the fact that the venous trunks in that region are in many places attached to the deep fascia, which prevents collapse of their walls when wounded; for this reason this part of the body is spoken of as the ‘dangerous region,’ according to Ashhurst.

“The explanation of the method by which the air finds entrance to the veins is supposed to be a process of suction produced by the expansile movements of the chest in inspiration. Practically, most surgeons will agree with me in stating that generally the blood-pressure in the jugular vein is sufficient to cause so great a hemorrhage as to prevent any air entering the vein: and I have proved the fallacy of the suction theory any number of times by leaving an open canula in the jugular vein, the vessel being tied above to prevent hemorrhage.”

Two dogs were then taken, and into the external jugular vein of one was injected twenty cubic centimetres of air, and into the jugular vein of the other forty cubic centimetres. The ani-

mals were subsequently released, and showed no apparent bad effects.

DISCUSSION.

THE PRESIDENT: The Chairman of the Board of Directors wrote to a number of prominent surgeons asking them to take part in this discussion, but I think, without exception, they replied that they had had no experience with this accident. It has never happened to me to wound a large vein and have any symptoms which would lead me to think that air had entered a vein. There are, however, a number of statements as to this matter which we must take as the statements of careful observers and operators. We must also bear in mind the important paper of Senn, of Milwaukee, presented at the meeting of the American Surgical Association in 1885. His conclusions are somewhat at variance with the experiments of Dr. Hare.

I have always supposed, and taught in my surgical lectures, that the entrance of air into veins was a danger, and have explained it in this way: The air entering the vein and passing to the small vessels of the lungs, is churned into a froth; the little bubbles thus formed constitute aërial emboli, which have a considerable amount of adhesion to the bloodvessel walls. We can understand this by an ordinary observation on a summer's day. If we have a glass of cool water, we know that small bubbles of air accumulate at the sides of the glass in consequence of the heat, and these are often dislodged with some difficulty. I can, therefore, easily conceive how, in a bloodvessel of very small calibre, the bubble of air would form an aërial embolus which, adhering by its entire periphery, would not be displaced even by the two hundred millimetres of blood-pressure. Several surgeons have had cases in which, as a fact, sudden death has occurred with a lapping or gurgling sound, apparently from the entrance of air, the patient rapidly becoming asphyxiated; and at the post-mortem there has been found frothy blood in the heart and pulmonary capillaries. It is hard to maintain that the entrance of air is not dangerous in the face of such

observed facts. On the other hand, one is staggered when he sees twenty and forty cubic centimetres of air injected directly into the veins of a small dog, and he cannot conceive how this will have a different effect in different animals, except in so far as the blood-pressure is different.

DR. A. J. DOWNES: From a few experiments on animals, for a different purpose, however, I have thought that there may be an apparent fallacy in these experiments. The danger from the entrance of air is an immediate one. When a vein is wounded the on-flow of the blood-current, which is considerable in the jugulars, naturally carries air into the veins under different conditions than exist in the experiment. Here, owing to technical manipulations, the venous flow is at least passive. Then, too, nerve influence may be a potent factor. The suddenness of its entrance, not the quantity of air, may have some effect upon the heart ganglia.

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, February 24, DR. G. B. ORR will report a case.

CINCINNATI MEDICAL SOCIETY.—

The Society will meet February 25 at 8:00 p.m., central time. DR. S. C. AYRES will read a paper entitled "Specific Vaginitis in Children, Complicated with Purulent Ophthalmia." Discussion opened by Dr. C. R. Holmes. C. B. VANZANT will read a paper on "Relation of Rheumatism to Hemorrhage."

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

Selections.

THE TYPHOID BACILLUS—EXPERIMENTAL RESEARCHES AND CRITICISMS.

In the present work the author (Ali Cohen, Ch. H., *Annales de Micrographie*) gives us his doctoral thesis, an excellent monograph upon the typhoid bacillus. To analyze it in detail surpasses the limits we are restricted to, and we shall, therefore, content ourselves by noticing a few important facts as pointed out.

The first chapter treats of the morphology and biology of the bacillus. Relating to the cultures on potatoes as characteristic of this micro-organism, Cohen remarks that the bacillus of typhoid can grow on the potato in four different manners.

1. The culture is invisible macroscopically, and extends all over the surface.
2. The culture is visible over all the surface.
3. The culture is visible macroscopically, and is limited to the centre of the section of the tubes.
4. The part visible macroscopically remains limited to the centre, but invisible ramifications extend to the periphery.

The author does not consider as absolutely characteristic the first mode of growth, and other organisms are capable also of presenting the appearance described in number two and three. In consequence, he raises some doubts as to the identity of the bacillus found in water, and considered by some as the typhoid bacillus.

As regards spores, Cohen has not been able to convince himself of the presence of true spores in the typhoid bacillus.

In the second chapter he treats of the value of the bacillus from a diagnostic point of view.

We notice here that he has found them constantly present in the spleen of persons who have died of abdominal typhoid, whilst they were regularly absent in cases of exanthematous typhus.

This would decide the question of the identity or non-identity of these two diseases, which some clinicians consider as still pending, or else as determined in favor of their identity. The author has also made some researches on petechial typhus, and has found in the spleen of individuals who have succumbed to that malady a special bacillus, although he abstains from pronouncing definitely on its significance from an etiological standpoint.

Cohen completes his work by the study of the pathogenic action of the typhoid bacillus on animals, and arrives at the conclusion that it does not proliferate in the body of those experimented upon. The animals which perish subsequent to the injection of cultures succumb to a poison due to the ptomaines secreted by the microbes. However, the production of ptomaines in the cultures is not a constant phenomenon, in which case the injection of the cultures produces no effect. Notwithstanding this, Cohen is not disposed to admit that it is by the secretion of ptomaines that the typhoid bacillus exerts its pathogenic action on man.—IMRIE, *Medical Age*.

ANTIPYRETICS IN HIGH FEVER.

Dr. H. P. Wenzel, in an article dealing with the value of antipyretics in high fever, in the *Virginia Medical Monthly*, January, 1890, concludes as follows:

1. High fever *per se*, is not inimical to life, but destructive to foreign organisms in the system.

2. High fever caused by pus, sanies, or detritus, etc., cannot be influenced by antipyretics; but promptly yields as soon as the pus, etc., is removed, and the parts are kept aseptic afterwards.

3. The pyrexia of cyclical or self-limited diseases is but little influenced by antipyretics.

4. In cholera, cholera morbus, and in all septic conditions of the alimentary tract, antipyretics are useless. Antiseptics are required notwithstanding the high fever. Typhoid fever is no exception to this rule.

5. In the exanthemata, pyrexia falls

when the eruption appears irrespective of administered antipyretics, and in non-surgical acute brain diseases they are worse than useless.

6. In the diseases of infancy and childhood, careful attention, supervision of the diet, baths, and an aseptic condition of the digestive tube—in other words, common sense treatment—will be followed by better results than with the unlimited use of antipyretics.

7. Antipyretics frequently fail to reduce pyrexia; their use has in many instances caused increased pyrexia, and in some cases, death.

8. There is no pure antipyretic, all being also endowed with anodyne, analgesic, tonic, and other properties; hence,

9. It is impossible to estimate their antipyretic power or value.

10. Many remedies, although not classed generally as antipyretics, reduce temperature in fever indirectly.

11. Quinine causes protoplasmic shrinking.

12. The aniline derivatives reduce pyrexia at the expense of the blood.

13. The expectant plan of treatment plus sponge baths, is followed by better results than the unlimited use of antipyretics, and the damage to the system much less.

14. Enterprising chemists invent drugs, and dictate to the medical profession for what they shall be used; the medical profession should awaken to the importance of its dignity.

THE REGENERATION OF STRIPED MUSCULAR TISSUE.

Experiments on the regeneration of striped muscular tissue were made by Th. Zaborowski, of Geneva, the results of which were published in the *Archiv f. Experim. Pathol. u. Pharmacol.*, 25, 1889. The work comprised in the experiments received an award at the hands of the Medical Faculty of Geneva. Rats were the animals experimented on. Amongst the observations made were the following:—High temperatures produced morphological changes that resulted in either diminution or total annihilation of muscular activity, the

change terminating in atrophy, or degeneration of the elements injured. They affected principally the contractile substance, whilst the muscular nuclei with their protoplasm offered greater resistance. The muscular nuclei surviving increased in three ways: by direct and indirect segmentation, and by indirect fragmentation. These processes taking place on division of nuclei, are the same as in other tissues. Direct segmentation is most active during the first week, indirect towards the end of the first week, and ceases at the end of the second; indirect fragmentation takes place principally during the first two days after the receipt of the injury, and especially in the most changed muscular fibres, whilst the other modes of increase are mostly observed in the lesser changed fibres. All three forms of regeneration lead to the formation of young spindle-shaped muscular fibres, of which only a few, however, develop into true new muscular fibre, the remainder atrophy. The regeneration of muscle takes place exclusively at the expense of old muscular tissue, in fact, of the pre-existing structure, the connective tissue taking no part whatever in the regeneration.

THE ANTIPYRETIC TREATMENT.

Riess (*Deutsche med. Wochenschrift*) opposes the theory, that the elevation of temperature in infectious diseases is a beneficial reaction of the organism against the pathogenic microbes. He says, on the contrary, that the high temperature is positively dangerous, and that its artificial reduction in all cases of long continued pyrexia, is indicated. For this purpose he recommends protracted tepid baths. The patient is placed in a bath at a temperature of 25° R. (about 88° F.), and remains there until the temperature in the rectum is normal. When the temperature again rises, the patient is returned to the bath. If this fails to secure the desired reduction, the usual antipyretics are ordered. He reported over 1,000 cases, of which 809 were cases of typhoid fever. The average duration of the fever in his typhoid cases was 17.9 days. In the

discussion following the reading of his paper before the Congress of Physicians at Heidelberg, Naunyn agreed with Riess in ascribing no remedial value to high temperature. He believed that the old method, with cold baths of short duration, was equally as good as the protracted tepid baths. The use of antipyretics was not identical with the bath treatment, indeed, the former were, at times, positively injurious. All the other speakers recommended an individualization of treatment. One method should not exclusively be employed; but, according to the nature of the case, either protracted warm baths, temporary cold baths, wet packing, or antipyretics were indicated.

—*Occidental Med. Times.*

ARTIFICIAL PRODUCTION OF OSTEOMALACIA.

In the *Cent. f. d. Med. Wissen*, 45, 1889, Messrs. H. Stilling, of Lausanne, and J. von Mering, of Strassburg, gave an account of successful attempts made by them in the artificial production of osteomalacia. The success was obtained simply by feeding the animal experimented on with food containing but little lime. A young bitch was lined, and from the date of lining fed only on horseflesh cooked in distilled water and pressed. The amount given was 600 grammes daily, fat 40 grammes and distilled water. The bitch had six pups. They were badly developed. Most of them died of weakness, but neither bones nor joints showed any evidence of morbid change. The old one emaciated very rapidly, but developed no curvatures in the bones. She was killed on the 120th day, when the bones of the vertebral column and pelvis—those principally diseased in osteomalacia in the human subject—could be sawn through quite easily. By pressure on the bones the red marrow could be pressed out, and microscopic examination showed that the softened bones were really attacked by osteomalacia.

—*Med. Press and Circular.*

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EDITOR AND PUBLISHER,

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Cincinnati, February 22, 1890.

The Week.

SOME SANITARY INTERESTS.

PERTAINING TO THE EXISTING CONDITIONS IN THE MILLCREEK WATER-SHED.⁽¹⁾

In the enlightenment and civilization of the close of the nineteenth century there is a demand in all populous centres for certain improvements that we have come to regard as absolutely essential, and a necessity for the comfort and well-being of the people, among which may be named a cheap and good light for public and private illuminating purposes; a cheap and clean fuel for heating purposes; foods that are healthful and not adulterated; a good and sufficient water-supply; good streets, roads and avenues; rapid and cheap modes of transit; and sanitary conveniences for the disposal of our waste and filth. A consideration of the latter is the purpose of our coming together this evening.

¹ A Paper read by the editor at a meeting of representatives from village councils and boards of health, at Wyoming, February 12, 1890.

We are in the midst of one of the most populous valleys in this country, and which is singularly situated in its topography, in that in this extensive water-shed, with its numerous tributaries, there is but one channel for drainage, and that through a little stream that drains into and through the confines of a great city. College Hill, Glendale, Wyoming, Lockland, Reading, Carthage, Ivorydale, with its large soap, candle and oil works, St. Bernard, with its large starch factory, Bond Hill, Pleasant Ridge, Norwood, North Walnut Hills, with its very large population, Avondale, North Mt. Auburn, Corryville, the Zoological Garden, Clifton, Hartwell and Maplewood, Elmwood, Winton Place, Chester Park, the city and county infirmaries, and Longview Asylum, are all either north of or drain north into Millcreek, either directly or through ravines emptying into that stream; while the entire country embraced in the Millcreek water-shed is densely populated. Within this territory is located nearly all the dairies that furnish the milk-supply of Cincinnati and the villages named.

It is well known that there is no other one article of food-supply that is so sensitive and easily contaminated as milk. This may be illustrated by bringing to mind the custom of farmers, who, after cutting their wheat, turn their cows into the fields for pasture, and at the very next milking the bitter of the common ragweed eaten by the cattle is not only perceptible, but is often sufficient to make it unfit to drink; it is certainly not palatable.

A vessel containing milk placed in a room where the atmosphere is impure, at once absorbs the deleterious matter that is in the air and is quickly spoiled. So these dairy and other cows pastured and housed in the Millcreek country are,

per force of conditions now existing, continuously obliged to drink impure water, often that which is contaminated with sewage that drains openly into the ravines, streams and creek. Such being the case, how can it be otherwise than that the cows will give a poisoned milk, which we conceive is at times nothing else than a condensed sewage strained through the udders of the cows. Such milk is well known to be productive of enteric and diarrhœal diseases, of which typhoid fever is a type.

When there is a large amount of rainfall, as in the past year, the surface land is washed and the sewage and other deleterious matters are flushed off, and the stock water is rendered comparatively harmless; but in dry seasons this poisonous sewage filth is densified, and, per force of existing conditions, made extremely poisonous, and of which the people suffer, often not knowing the cause.

To remedy this unfortunate condition, the following suggestions are for your consideration.

Primarily, to straighten the channel of Millcreek from Lockland to the Ohio River, making of the channel a veritable canal for the entire distance. This can be done by the building of locks at the mouth of Millcreek and at Lockland, thus changing the channel of the Miami and Erie Canal. The new canal running through the Millcreek channel should be made more than double the size of the present canal, so that it could carry the storm or surface water of this valley in addition to that received from the source of supply of the present canal. The sewers from each of the villages and institutions named should be made to terminate in this open canal, where, as you will readily understand, there will be a con-

stant and large supply of running water that will keep it always flushed and in an innocuous condition. There will be but little grading to do, but for the entire distance the sides should be walled and the bottom paved.

This seems like a very great undertaking, but, after long and careful consideration, with no selfish interests whatever at stake, I am thoroughly convinced that the plan proposed is not only a practical solution of a great sanitary problem, but it is the only one that seems to me to be feasible and that will effectually accomplish the very-much-to-be-desired result.

Major Fox, who is much interested in this question, said to me he thought the present overflow of the canal would furnish sufficient water to carry off the sewage of the valley. He is certainly mistaken. My own thought is that the entire amount of canal water should be greatly increased.

Into this large canal a sullage-boat should pass to and fro at stated intervals—always at night—to carry away night-soil and garbage.

Commercially, I believe the canal would be nearly, if not quite, worth its cost to the manufacturing and mercantile interests along its line, while the land recovered from periodic overflow would be greatly, in many instances, more than doubled in value.

While the cost of construction would be apparently large, I have no doubts whatever but that the resulting benefits would amply compensate.

Mr. Ingalls was correct in his statement that in twenty years this county would contain a million of inhabitants, and it is our duty to prepare the way and make the paths straight. If we furnish facilities for remunerative employment the people will come. The creation of new and large industries

will come with reasonable rapidity. The location of the Strong locomotive works in this vicinity means a population of several thousand people that must be cared for. Very soon every bit of acreage between Glendale and the city will be subdivided into building lots, and the people to come and make those lots valuable must be supplied with the advantages I have enumerated—light, heat, water, pure milk, and good sanitary conditions.

You cannot now do better than to employ a competent engineer to make an estimate of the cost of the improvements indicated, including the approximate estimation of enhanced value of land reclaimed from overflow, and also of commercial value to manufacturers, the value of water power lost to owners on present line of canal, and the value of the canal property between Lockland and Broadway in Cincinnati.

With this information in definite form and shape, a bill could be drafted that could be presented to the Legislature for enactment into a law that would provide for the accomplishment of the purposes indicated and so much desired.

In fact, I believe the value of the canal property between Lockland and Broadway in Cincinnati would, if disposed of for railway purposes, fully compensate for all the improvements I have proposed, and perhaps leave a handsome surplus.

THE ABUSE OF MEDICAL CHARITIES.

That medical colleges beget free medical dispensaries and so-called free clinics is such a notorious fact that wise young practitioners starting out in life, when looking for a spot to settle, are prone to select some resting-place

where schools of medical instruction are unknown. For those who locate in our great cities, for those who hang out a modest shingle in some quiet street with the fond, but most often delusive, hope of obtaining a paying practice, we have a most cordial sympathy. Sooner or later the newcomer will discover that there is no profession like the medical one for charity, and as charity is said to cover a multitude of sins, perhaps the evil wrought is more than compensated by the good achieved. Free dispensaries are the fences whose owners receive the stolen goods taken from the practice of the hard-worked and humble followers of the profession. It has been written that the laborer is worthy of his hire. If free dispensaries were only frequented by the suffering indigent no one could complain, but most often those who resort to such places for gratuitous medical treatment are amply able to pay at least a moderate fee. But the evil does not end here; there is reason to believe that the so-called free dispensary is often used for building up an office practice by interested college men. There are many instances known where good paying patients, seduced by the charms of getting something for nothing, have visited the dispensaries as charity subjects, only to find themselves paying bills afterwards in the snug office of some highly talented code-of-ethical professor. Indeed, we believe that it is claimed that the evils of free medical charity are sought to be guarded against by obtaining the name and address of each applicant for relief. If such persons be found, after a few dispensary visits, to be possessed of filthy lucre, they are politely informed that it would be best to call at the doctor's office. This is sinking medicine to a trade and making a medical drummer of the doc-

tor. It may be accepted as a fixed fact that the amount of undeserved medical charity in any community is increased in direct proportion as the number of medical dispensaries is multiplied. Cincinnati being a veritable Mecca of medical learning, having numerous schools of all sects, it follows that free dispensaries and clinics abound, and that the title of professor becomes more common each year.

These remarks are prompted by an article that recently appeared in the *Hospital Gazette*, followed by an editorial suggestion that a great demonstration should be given in aid of the noble free hospitals and free dispensaries of London, to take place in Hyde Park about April 1, a suitable and fitting date for such a charitable entertainment. A line of march is laid out, and the procession will move according to the following laid down programme:

1. Six stalwart Hospital Porters, three abreast, bearing the charters of certain charities, stating that they were founded for the relief of the "Sick Poor."

2. Six Secretaries in Broughams.

3. Six Treasurers in Victorias, with bulky Receipt Books.

4. Ten Medical Students carrying black bags: followed by ten Assistant Physicians—the latter provided with certificates from the Secretaries of the Institutions to which they belong, testifying that they can prescribe for fifty patients in an hour.

5. Detachment of the "Sick Poor," in their own vehicles, three abreast—males smoking Havana cigars, females wearing silk dresses, feathers, jewelry, and kid gloves.

6. Three Water Carts "loaded" with Physic, which will "play" at intervals during the demonstration upon

7. Twenty ruined or distressed General Practitioners, on foot, accompanied by their care-worn wives and luckless offspring.

8. Twenty Hospital Sisters and

Trained Nurses, who glance disdainfully at the ten Assistant Physicians and the distressed General Practitioners.

9. Twenty Hospital Physicians in carriages and pairs, the coachmen and footmen in rich liveries.

10. Seven Banners borne by Hospital Chronics, inscribed with "No Fees," "Why Pay Doctors?" "Why Join Sick Clubs?" "Free Physic," "Shake the Bottle," "Plenty of Lotion," "Full Diet."

11. His Eminence, The College Skeleton. Respite Finem.

We fear our usually staid and dignified English journalistic *confrère* is growing a bit facetious. Presently the swell mob of London *specialists* will swoop down on him with pens dipped in gall, and the *Lancet* will phlebotomize the obscure editorial satirist who has so boldly written of British medical abuses. It is well that a broader spirit of charity throws its cloak over the evil doings of our too numerous American professors, for it is seldom that they are mentioned without a deep spirit of reverence and admiration being noticeably manifest.

T. C. M.

THE injury done to the business of general practitioners by the dispensaries and college clinics in large cities we think is very greatly exaggerated. Most men believe their neighbors more successful than themselves, and are constantly looking for the cause. Those who have no dispensary connection and little business are prone to think the patients they ought to have are either attended in a hospital or in a dispensary. While this may now and then be the case, the instances are not sufficiently numerous to damage any man's business to a perceptible extent.

The most successful practitioners usually ignore dispensaries and their work, and would not have a hospital

connection. We have in mind a professional neighbor who had a very large practice and who was wonderfully successful in the accumulation of a fortune in the legitimate practice of medicine. He was always unhappy because he never had either a hospital or college connection. In the course of time he was made a member of the Cincinnati Hospital Staff. The appointment delighted him—his spirit was in an ecstatic heaven. The hospital service was never more enthusiastically entered upon than when he went his first round. In less than a month his ardor was cooled; in three months chilled; and at the end of his lecture term frozen, and so far below zero as to be invisible to the naked eye, and in went his resignation as member of the staff. Never afterwards was he heard to speak of the great advantages of a hospital or dispensary position.

No doubt there are occasional instances in which persons who are able to pay a fee for attendance find their way to a dispensary or hospital and are impostors. There always have been members of this class and perhaps always will be. But because there are such creatures to take advantage of the charitable, their unholy acts should not deter the benevolent in their aim to help the deserving and unfortunate poor.

We believe it would be a matter of satisfaction to all parties if some of our church or charity organizations would take it upon themselves to inaugurate an investigative adjunct service in connection with all the dispensaries, this investigative work being for the purpose of following up all applicants for relief, when, if found deserving, to extend the aid that might be so much needed in other directions; while if found to be impostors, to systematically

inform all other charitable organizations and institutions.

American people are usually more or less proud and help themselves so long as possible, and it is only when reduced to extreme straits that they seek a public charity.

The use of hospital and dispensary patients for purposes of instruction to medical students is perfectly correct and justifiable. Very rarely, if ever, is there any harm done the patient, while the use that is made of him is a partial compensation to medical science for the benefits that science directly confers upon him at that very time.

MEDICAL EDUCATION.

The *Canada Lancet*, of Toronto, has some very apt and pertinent remarks relative to the present system of medical education as compared with that of twenty years since. It says:

“Twenty years ago, the chief object of the medical student was to secure a good apprenticeship, his desire was to place himself with the physician of large practice, who would afford him a good opportunity of becoming familiar with disease and the simple and ready ways of relieving pain and suffering; the trained nurse was seldom seen. The physician then had to know how to arrange his patient with the object of affording the greatest relief; he was the instructor of the attendants, his directions carefully noted, and carried out with the fullest confidence. In the progress of a difficult and serious case and in more simple ones, the doctor was aided by the visits and reports of his assistant or student, made in the intervals of the regular visits. The student then, if we are to believe what is said by some of this present time, knew nothing of medicine; the huge volumes of chemistry, over which the student of to-day pores, were then unwritten: he would have been puzzled to write the chemical equation representing the for-

mation of P. from bone ash, or to give the formulæ and affinities of the class ptomaines; his knowledge of physiology was limited to that of the functions of the human body—he knew thoroughly and well the characters of the human heart's beat, but he did not know of the wonderful differences existing in the heart of the turtle, nor of the growing and numerous capillaries constantly supplying the numerous glands in the tail of the salamander; but he knew something: his knowledge of practical diagnosis would put that of many a clinical teacher of the present day to shame; the neatness and carefulness with which he would apply a bandage or adjust a splint, proved he was not entirely devoid of artistic taste; he compounded his own medicines, and often, from the differences in the age and quality of a drug, correctly explained the variation in its action in different cases. Things have changed since the day when these old fogies gave their practical lessons to their assistants—medicine has become a refined and scientific profession."

Our Canadian *confrère* then goes on to give the amusing and farcical characteristics of the modern medical student who frequents those numerous colleges whose chief ambition seems to be to grind out students in quantity rather than cultivate medical quality—the diploma wind-mills that flourish all over America and Canada—institutions that sooner or later must pass under government control as a measure of public safety. The *Lancet* continues:

"Our modern student has an innate love of science, his anatomy is to be more comparative and less of human, his physiology is to be biology, and the more it is surrounded by machinery the better; it must be scientific, to follow his course of to-day; he must be a thorough and practical electrician; his knowledge of physics be of the most perfect kind; he must be a practical photographer, a chemist and a glass-blower, a naturalist and a zoölogist, a good general mechanic, understand

thoroughly the construction and repairing of clocks, and a thorough optician. If his time should be too much occupied to apply his science to man, what of that—he can do that when he gets into practice. In his chemistry he must know how to assay, to test for metals qualitatively and quantitatively; he must analyse solutions of arsenic, and determine to a fraction of a grain the quantity contained therein; he must manufacture gases, determine the laws of their expansion, by experiment, and *perhaps* take up urinalysis. When he comes in *advancing years* to the undignified drudgery and study of real practice, he will be thrilled by able clinical lectures, he may see the bedside of a patient twice a week, he may in his whole course of education have to *report* the histories of *six* medical and *six* surgical cases. He may have to produce certificates of having during his lifetime *been present* (properly aseptized and at a distance) at six accouchements. That in his surgical practice he has ever tied a ligature or passed a catheter, it is quite open to question; as to his having ever seen a case of smallpox, scarlet fever or measles, why the suggestion of such a thing would call forth vengeance from any live and active board of health.

"We do not desire to continue the picture; we are not sneering at, or belittling the practical, the marvellous, the applied discoveries and benefits of science. We only ask those anxious to thrust into the medical course every newly discovered science or scientific apparatus, Is it necessary?"

We fully agree with our Canadian *confrère*, that the practical side of medicine is neglected to a large extent in our college curriculums, and it is a question whether there is one professor in a hundred in American colleges who could go out in a field with a class of students and correctly classify a few specimens of our medicinal flora; yet, these same gentry are always discovering some new germ of disease, and the mystified first-course student as he

gazes through the microscope is overpowered with admiration at the comma bacillus, and holds in his breath for fear of inhaling a typhoid fever germ spinning around in microscopic space like a planet of the first magnitude among the eternal stars.

Yes, medical science is a great thing for the schools, but suffering humanity would be much more benefitted by a closer application of the students to the practical part of medicine.

An eastern medical journal has recently asked: "Has a diploma any real value?" If medical colleges continue to increase in numbers, we should think that a reply in the negative would correctly answer the conundrum. Happy is that student in the rural district who rides along with his preceptor—a practical three years' course in a buggy with some brainy old practitioner, is worth a half dozen courses in many of our modern medical colleges. A diploma no more makes a doctor than a cowl does a monk.

T. C. M.

THE subject of medical educational methods is always a live one, receiving alike the most fulsome commendation and extreme criticism, and we have no reason to believe there will come a change in the character of the comments of writers so long as human nature is human and men perceive objects through separate visual organs. A little calmness of thought, after even a superficial investigation to find out, cannot but lead one to the assurance that, while there have been giant strides in the development of nearly every department in medicine, the leading medical colleges have made equivalent progress in teaching methods and faithfulness in giving instruction to the coming men.

The medical colleges in our city have very complete laboratories, fully

equipped with instruments and material, and presided over by instructors who are thoroughly qualified to teach. Nor is this work carried on in a slipshod manner, but the students are required to be present and practically take part in all physical manipulations, all of which must stand the test of frequent examinations.

There is no doubt much to be learned from the practical country practitioner in his daily rounds, but if his learning was of the past and not reënforced by continuous study and reading, most of the knowledge he imparts will be very imperfect and almost wholly empirical.

Teaching is itself an art, and for which there is needed a special training; the value of instruction is always proportioned to the capability as well as knowledge of the instructor. When making inquiry we have always found the men engaged in college work to be the men of the front rank in our profession. Rarely there is an exceptional instance, and when the exception stumbles by force of circumstances into the place for which he has no fitness, he is usually retired at the very first opportunity.

The following, from the *Journal of the American Medical Association* of February 15, 1890, is pertinent as an indication of the living character of our subject:

MEDICAL COLLEGE CONFERENCE.

It is obvious that the leading medical colleges in this country have been in the main responsible for the present standards of requirement for medical graduation. The creditable advances thus far secured were attained largely through their instrumentalities. In the future, the power of their concerted influence must largely affect legislation in the several States. We believe that no men in the profession are so well prepared to formulate the higher standards which are needed, as are those promi-

nently connected with our leading medical institutions.

It seems eminently desirable that a conference of such men should be held, and that at an early day. Extended discussions, debates and writings have paved the way, and the time is at hand for judicious action. The medical colleges, the medical profession and the State Legislatures should make common cause in this matter, nor rest satisfied until a creditable standard of medical education is made an imperative condition to the practice of medicine in every part of the United States.

We are specially interested in the action of yesterday, February 7, on the part of the medical colleges and schools of Maryland, which comes to us by telegraph.

"BALTIMORE, Md., February 7.—The medical colleges and schools of Maryland, in conference here to-day, issued an appeal to the medical colleges of the United States, asking them to send delegates to the approaching convention of the American Medical Association at Nashville, Tenn., with a view of effecting a reform in the methods of medical institutions in vogue in this country. The following subjects are considered as most likely to come up for discussion: 1. Three years' course of six months' session. 2. Graded curriculum. 3. Written or oral examinations. 4. Preliminary examination in English. 5. Laboratory instructions in chemistry, histology and pathology. There are two schools in Baltimore—the Maryland University and the Johns Hopkins Hospital—that have already adopted the three years' course, but their assistance was asked in the movement and it was promptly given."

We sincerely hope for, and anticipate, a hearty response to this circular on the part of all American colleges which have at heart the advancement of medical education. The time named, the place, and the simultaneous meeting of the Association are opportune. The Convention should be conspicuous for its numbers, for the wisdom of its counsels, and for its formulation of methods for future action.

The *New York Medical Record* says of the National Convention on Medical Education:

The faculties of several of the medical schools of Baltimore, Md., and the staff of the Johns Hopkins Hospital have been considering the subject of

reforms in medical education. It was the unanimous sentiment that the matter should take a national rather than a local form, and in accordance with this view a proposition was made that the medical schools of the United States be asked to send representatives to a conference to be held at Nashville during the approaching meeting of the American Medical Association in May. To give greater weight to this movement a meeting was held yesterday to take further action. After the subject had been thoroughly discussed a circular was drawn up, to be sent to the medical schools of the United States, stating that it is not expedient nor practicable for the medical schools of any state to assume alone the responsibility of adopting advanced methods. Yet, fully convinced of the pressing need of a change, and earnestly desiring to see it consummated, they are unwilling to let matters rest longer without an effort on their part to improve them. Fully aware of previous ineffectual efforts in this direction, they realize that times have changed, and they believe that a repetition of them at this time would have a good prospect of success. The meeting of the American Medical Association in May will offer a good opportunity for a general discussion of the subject, and the medical colleges are requested to send delegates to a conference at that time "for the full consideration of medical education in this country and measures for its improvement." The following subjects are considered as most likely to come up for consideration: First, three years' course of six months sessions; second, graded curriculum; third, written and oral examinations; fourth, preliminary examinations in English; fifth, laboratory instruction in chemistry, histology, and pathology.

CHRONIC ALCOHOLISM.

R Tinct. Capsici, . . . 2 drachms.
 Tinct. Nucis Vom., . . . 2 drachms.
 Celerina [Rio], . . . 1½ oz.
 Syr. Bromide Comp.
 (Peacock), . . . 2 oz. M.
 Sig. Teaspoonful in water, four times daily.
 Very valuable for old, worn-out drunkards.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending February 15, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping- Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	2				2		3	1				
2.....							3					
3.....					1	1					1	
4.....	1						1	1				
5.....	1											
6.....								1			1	
7.....					1		1					
8.....							1					
9.....							1					
10.....							1					
11.....							5					
12.....	1				1		2					
13.....					1				1			
14.....	1				1	1						
15.....												
16.....	1											
17.....												
18.....	2				2		2					
19.....					2		1					
20.....					4							
21.....			1				4	1				
22.....	2				1		2					
23.....					1		1					
24.....							5					
25.....					1							
26.....												
27.....	2				1		2					
28.....	8				2		1	1				
29.....							1					
30.....					1							
Cin. Hosp.									1			
St. Mary's Hosp.												1
Totals....	20	1	1		22	2	36	7	2	2	1	
Last week.	18	1	7		22	4	32	9	1	1	3	

The following is the mortality report
for the week ending February 15, 1890.

Croup.....	1
Cerebro-Spinal Meningitis.....	1
Diarrhoea.....	1
Dysentery.....	2
Diphtheria.....	7
Entero-Colitis.....	1
Measles.....	1
Typhoid Fever.....	2
Whooping Cough.....	2
Other Zymotic Diseases.....	4—22
Cancer.....	2

Phthisis Pulmonalis.....	19
Other Constitutional Diseases.....	3—24
Apoplexy.....	2
Bright's Disease.....	2
Bronchitis.....	9
Convulsions.....	6
Heart Disease.....	3
Liver Disease.....	1
Peritonitis.....	1
Pneumonia.....	18
Other Local Diseases.....	15—57
Old Age.....	2
Premature Birth.....	3
Other Developmental Diseases.....	6—11
Suicidal.....	1

Deaths from all Causes.....	115
Annual Death-rate per 1,000.....	18.40
Deaths for corresponding week in 1889....	114
Deaths for corresponding week in 1888....	109

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Reports to the Ohio State Board of
Health from 24 observers for the week
ending February 14, 1890.

Form of Disease. In the order of preva- lency.	No. who re- port cases.	No. of cases reported.	REMARKS. Infectious Dis- eases as reported to health officers in 63 cities and villages during the week ending February 14, 1890:
Pneumonia.....	16	40	Diphtheria: Co- lumbus, 9 cases, 2 deaths; Cleveland, 23 cases, 8 deaths; Toledo, 9 cases, 7 deaths; Dayton, 3 cases; Zanesville, 1 case; Youngstown, 1 case; Akron, 1 case; Mansfield, 5 cases; Lancaster, 2 cases; Findlay, 5 cases; Ravenna, 1 case, 1 death; Mc- Comb, 1 case; Bloomville, 3 cases; Geneva, 3 cases; Winchester, 2 cases; South Charleston, 1 case, 1 death.
Bronchitis, acute...	10	44	
Tonsillitis.....	10	27	
Diarrhoea.....	7	11	
Rheumatism, acute.	7	8	
Diphtheria.....	5	10	
Whooping-Cough.	4	22	
Pleurisy.....	4	5	
Measles.....	3	23	
Erysipelas.....	3	3	
Dysentery.....	3	3	
Remittent Fever..	2	3	
Scarlet Fever.....	2	3	
Intermittent Fever..	2	2	
Consumption, pul.	2	2	
Typhoid Fever....	1	4	
Cerebro-Spin. Men.	1	1	
Puerperal Fever..	1	1	
Typho-Mal. Fever..	0	0	
Cholera Morbus....	0	0	
Croup, membranous.	0	0	
Cholera Infantum..	0	0	

Scarlet Fever: Cleveland, 12 cases; Columbus,
7 cases; Geneva, 4 cases; 3 cases each in Urbana,
Defiance, Ironton, New Straitsville; 2 cases each
in Ravenna, Crestline, Norwalk; 1 case each in
Toledo, Dayton, Zanesville, Akron, Findlay, Mt.
Vernon, Fostoria, West Cleveland, Shawnee.

Typhoid Fever: Cleveland, 1 death; Toledo,
1 death; Youngstown, 4 cases, 2 deaths; Fos-
toria, 2 cases; 1 case each in Norwalk, Ada,
Geneva, Clyde.

No infectious diseases reported to health offi-

cers in the following places: Flushing, West Unity, Dalton, Arcanum, Bainbridge, Springboro, Upper Merdusky, Smithville, Kent, New London, Edison, Dawson, Aberdeen, Belle Centre, Garrettsville, Wabash Township (Darke Co.), Kirkwood, Salem, West Alexandria, Brookfield, Adrian, New Bremen, Uhrichsville, Felicity, Middleton, Miami Township (Logan Co.), Belleville.

C. O. PROBST, M.D., Secretary.

IMPORTANT TO BIOLOGICAL STUDENTS.

From a desire to verify his own researches as to the causes of failing nutrition in aging organisms, the undersigned hereby offers three cash prizes of \$175, \$125, and \$100 for the best three comparative demonstrations, by means of microscopical slides, of the blood capillaries in young and in aged tissues, canine or human.

By young tissues (canine) are meant tissues from animals between the ages of one and three years.

By aged tissues (canine) are meant tissues from animals not less than twelve years of age.

By young tissues (human) are meant tissues from subjects between the ages of ten and twenty years.

By aged tissues (human) are meant tissues from subjects not less than sixty-five years of age.

While a preference will be given to demonstrations from human tissues, it will be possible for work in canine tissues to take the first and, indeed, all of the prizes. But of two slides equally well done in all respects, one canine, the other human, the latter will be given the preference. Canine tissues should be from large animals.

Twelve slides from young and twelve from aged tissues must be submitted by each competitor, together with a full description of the subjects, methods pursued, and every detail and circumstance which is likely to throw light upon, or account for, any peculiarity. The slides are for comparison as to the condition of capillary circulation, the young with the old, and should be in numbered pairs or groups from the same kind of tissue. The term tissue is used in a general sense, *e.g.*, pulmonary tissue, hepatic tissue, renal tissue,

osseous tissue, muscular tissue, nerve tissue, alimentary tissue, etc.

No particular schedule of methods for injection or staining will be insisted upon, and no more definite directions or explanations will be given.

The slides, carefully packed and boxed, together with descriptive manuscript, can be sent by mail.

It is stipulated that the demonstrations which receive the prizes shall become the property of the subscriber, for publication. All others will be returned, if desired.

No pseudonyms required. Accompany slides in every case with (real) name and address. Unless of known reputation as a biologist, a reference is respectfully solicited.

Reservation: no award will be made unless work of at least ordinary merit is submitted.

This offer is made on the first day of January, 1890, and will remain open until the twentieth day of August, 1890.

Slides and manuscript will be examined and receipted for as soon as received.

The prizes will be adjudged on the first day of October, 1890.

These nominal prizes are offered less in expectation of results from the money as an agent, than in the hope that the offer may furnish a *point d'appui* for really needed work. Besides professional observers and students, there are in the United States a large number of amateur microscopists of acute vision and undoubted talent, who are at present playing with microscopes, as with toys, merely to see curious or pretty things. The time has come to concentrate observation upon the one proper object of biology, viz., the renovation and prolongation of human life.

Address,

C. A. STEPHENS' LABORATORY,
Norway Lake, Maine.

DANGERS OF CELLULOID.

A curious accident from the combustion of celluloid, reported in the *Bulletin Médical*, June 2, 1889, may serve to call attention to the dangers connected

with its use in the household. It seems that a girl, wearing a hair-comb of celluloid, was working near a very hot fire, when all at once her head was seen to be enveloped in flames. These were promptly extinguished, but not until the child was severely burned. The circumstances of the accident were inquired into by M. Leon Faucher, and made the basis of an interesting report to the Council of Hygiene. From this report we gather that celluloid is made from gun-cotton, by treating the latter with alcohol, then mixing with it some camphor, and subjecting the whole to considerable pressure. The temperature at which combustion takes place is relatively low—about four hundred degrees Fahrenheit. Light celluloid, that is, celluloid to which no coloring matters have been added—ignites at about fifty or sixty degrees higher. As regards the character of the combustion, it is said to be almost instantaneous, and to be accompanied with no light.

The accident in the case referred to must be regarded as unique, especially in the method of its production: for while it is quite possible that a person wearing an article of celluloid might approach dangerously near an exposed gas-jet, or stoop carelessly over a lamp, it can happen but rarely, that, with such an article on, he or she would be near a fire hot enough to ignite it. Faucher, indeed, has been unable to find any record of a similar case.

Celluloid is now used for making so many things designed for domestic or toilet use, such as knife and fork handles, combs, backs of hair-brushes and hand mirrors—that it can not be amiss to urge caution in bringing them near a fire, especially since several fatal accidents have been reported. A careless or ignorant house-maid—who is as likely as any one to have about her objects made of celluloid, if only collars and cuffs—might be the means of inflicting great damage upon herself or others. Of course this class of persons cannot be reached through a medical journal, except indirectly; but it would be well within the province of the family physician, in making his rounds and

seeing articles of the kind described, to refer to the possible danger lurking in their use; and he could do this without either offending the intelligence of his patients or unduly exciting their fears. —*Med. and Surg. Reporter.*

DELIRIUM TREMENS.

Prof. Meynert read a paper on this subject before the College of Surgeons this week, in which he said that delirium tremens was generally accepted as chronic alcoholic intoxication, but the real cause of this exhaustive disease, in many cases, is not present. Loss of blood, injuries of different kinds, fright, grief, etc., can also produce delirium tremens. It belongs to the dementia group of mental diseases, and may be located as a cortical disturbance, though operating deeper than simple dementia. The duration of delirium tremens is usually within five or seven days in completing its course.

The first stage is that of anxiety, succeeded rapidly by the period of hallucination; the first stage is as painful a picture as the paranoia, or foolish illusions of the second stage, is strange. The groping hallucination and variety of constant movement pursuing spectra are peculiar to the disorder, which may be attributed to the toxic element of the blood irritating the peripheral ends of the nerves in the retina.

Skoda defined these hallucinations as a false interpretation of scotoma or shadows; but the circulating poison in the blood vessels better explains the constant movement of the illusion experienced by the subject. The same multiple of sounds and voices are audible from the same cause. The daily occupation of the patient is usually performed; the porter opens and closes the door, the builder lays bricks and mortar. This impress of daily occupation is also seen in the first stage of somnambulists.

Prof. Exner remarked that he was personally in favor of Skoda's elucidation of the phenomena by his scotoma theory, as he considered it a very plausible one, though there may be additional factors in the illusion. It is well known

that a normal eye, when the gaze is held steadily on a smooth colored surface, can see its own circulation.

Helmholtz explained this phenomenon by supposing the fixing of the eye produced a congestion of capillary blood vessels which frets the retina and fixes the impressions, while in our daily pursuits, though it frequently occurs, we take no heed of the phenomenon, as it passes off so quickly.—*Med. Press and Circular*.

MIND BLINDNESS.

Two cases in which this curious symptom was observed, have recently been recorded in the *Archiv f. Psych.*, vol. xxi. In the first, recorded by Lis-sauer, a man of eighty had complained for a month of inability to find his way about, to tell his own position in a room, and to recognize objects, although his perception of light was scarcely impaired. Although he could not recognize objects by looking at them, he at once perceived and named them by means of tactile or auditory impressions from them. On examination he was found to have absolute right homonymous hemianopsia. He had some aphasia, and could not read, but he could write. Perception and discrimination of colors in this case were preserved. In the second case, recorded by Siemerling, the onset was sudden. At first visual memory only was impaired; but he soon failed to recognize objects, even when he touched, tasted, or heard them. On examination he was found to have absolute right homonymous hemianopsia, together with amblyopia in the left field in each eye. Color sense was lost on both sides. There was also amnesic aphasia. In this case very great improvement occurred, the amblyopia on the left side improved, and color vision returned. In neither case was there any change in the fundus. The association of "mind blindness" with hemianopsia, and occasionally with loss of color sense, has also been observed by Wilbrand, Charcot, Swanzy, and others. It is, however, very rare, while hemianopsia is not uncommon; and Siemerling's case, where

there was amblyopia in the left field, with complete loss of vision in the right, gives support to the hypothesis of Dr. Gowers that it occurs only when the cortical lesion is double.—*Lancet*.

ANTIPYRINE HABIT.

To the already long list of drugs, the use of which, under proper restrictions, is both beneficial and proper in combating the various ills to which flesh is heir, but whose abuse becomes a curse to humanity, another has recently been added. Scarcely have we learned to properly use antipyrin than the tocsin of alarm must be sounded against its abuse. The recent discovery of its value as a nerve-tonic places it on the list with morphine, chloral, cocaine, etc., so seductive is its gentle, soothing influence upon the overstrained nerves. Its victims are already found, especially among society women, whose nerves, strung up to a high pitch by the overwhelming demands of a winter season of gayety, seize eagerly upon anything that will afford relief from the headaches and other disorders arising from prolonged fatigue and overtired nerves. So pleasing is the effect that it is soon used for every trifling ill feeling, until the patient finds herself unable to live without it, and the fascinating "antipyrin-habit" is formed. Properly used as a nerve-tonic its effects are admirable, but *abused*, the victim becomes even more hopelessly entangled than the morphine or cocaine victim. The effects vary with the dose. In large doses it produces complete relaxation with loss of reflex action. In moderate doses, continued, it induces convulsions. As a stimulant its effect is much like that of quinine.

—*International Dental Journal*.

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Bibliography.

FOODS FOR THE FAT: A Treatise on Corpulency and a Dietary for its Cure.

By NATHANIEL EDWARDS DAVIES, M.R.C.S.Eng. American edition. Edited by CHARLES W. GREENE, M.A., M.D. Philadelphia: J. B. Lippincott Company, 1889. Cincinnati: Robert Clarke & Co. Price 75 cents.

Individually we have no pressing need for a work of this character, but we have, in common, we dare say, with many other physicians, been perplexed over the treatment of corpulent people. We did not know it could be made so simple as the present author has succeeded in doing, although he handles it as a disease. Judging from the vast dietary that is outlined in Part II., the American editor is quite correct in saying that "It is perfectly possible, and not very difficult, to go on eating—and eating very well, indeed—and yet be cured of excessive stoutness." If successful the treatment is in every respect to be preferred to the methods of Banting and others that have enjoyed so much favor.

J. M. F.

THE PRINCIPLES AND PRACTICE OF SURGERY: Being a Treatise on Surgical Diseases and Injuries.

By D. HAYES AGNEW, M.D. LL.D. Professor of Surgery in the Medical Department of the University of Pennsylvania. Profusely illustrated. Second edition, thoroughly revised, with additions. In three volumes. Philadelphia: J. B. Lippincott & Co., 1889.

This great work bears a favorable comparison with the most famous systems of surgery that have been issued by a wonderfully prolific press, that has been literally and constantly fed by the best writers of any age on any subject pertaining to our art.

The first very large edition is wholly absorbed by the medical public, and the author in preparing this has been mindful of the giant strides that constitute the most notable surgical feature of the century in the universal adoption of the doctrine of asepsis, which is, as we all know, based on the presence of microorganisms as the leading cause of

inflammation and its products. To this the author justly attributes the splendid achievements wrought in abdominal, pelvic, and cerebral surgery, as well as in the management of wounds in general. While he was one of the very first to accept the parasitic theory of disease, he at once adopted methods of practice that were in harmony with its teachings, and pays a just tribute to the value of germicidal agents.

As we turn the leaves of these three great volumes we feel a personal glow of pride in that they are fitting representatives of the labors of an American surgeon, while the publishers have done themselves great credit in the handsome typographic work they have displayed. The cuts and their printing deserve special mention for their excellence.

A COMPEND OF HUMAN PHYSIOLOGY: Especially adapted for the Use of Medical Students.

By ALBERT P. BRUBAKER, A.M., M.D., Demonstrator of Physiology in the Jefferson Medical College; Professor of Physiology, Pennsylvania College of Dental Surgery; Fellow of the College of Physicians of Philadelphia. Fifth edition. Revised and enlarged. With new illustrations and a table of physiological constants. Philadelphia: P. Blakiston, Son & Co., 1889. Cincinnati: Robert Clarke & Co. Price \$1.00.

This little volume is No. IV. of the "Quiz Compend?" and from the fact that four editions have so rapidly been exhausted we judge that it has been one of the most successful. A very admirable feature of the work is the prominence given to the nervous system, both by lucid descriptions and illustrations, including recent advances in cerebral localization.

J. M. F.

SYPHILIS OF THE NERVOUS SYSTEM.

By H. C. WOOD, M.D., LL.D. 1889. Geo. S. Davis, Detroit, Mich.

The name of the author of this monograph, and the importance of the subject treated, are better evidence of the value of the book than any opinion we could express. We regret, however, that this notice of it has accidentally been delayed much longer than it should have been.

The work is largely based upon the

personal experience of the author in the treatment of about two thousand cases of syphilitic nervous disease, both in hospital and in private practice. The treatise is, however, systematic, dealing with the subject in all of its parts, with full reference to the literature. The book belongs to the Physician's Leisure Library, and is undoubtedly one of its most valuable volumes. J. M. F.

SYLLABUS OF THE OBSTETRICAL LECTURES IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

By RICHARD C. NORRIS, A.M., M.D. Philadelphia: W. B. Saunders, 1890. For sale by Robert Clarke & Co. Price, \$2.00.

This is a veritable *vade mecum*, especially designed for the use of students in the University of Pennsylvania. Others will find it more or less useful as a help.

MONTHLY NURSING.

By A. WORCESTER, A.M., M.D. Second edition. New York: D. Appleton & Co. For sale by Robert Clarke & Co. Price, \$1.25.

This is a capital little handbook to place in the hands of the monthly nurse, giving as it does very concise directions as to the duties of this important personage. Not the least valuable part of the book is that pertaining to cookery for the patient.

A MANUAL OF OBSTETRICS.

By A. F. A. KING, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D.C., and in the University of Vermont; President (1885-86-87) of the Washington Obstetrical and Gynecological Society; Fellow of the British and of the American Gynecological Societies; one of the consulting physicians to the Children's Hospital, and Consulting Physician to the Woman's Dispensary, Washington, D.C.; Member of the Medical, Philosophical, Anthropological and Biological Societies of Washington, D.C., etc. With 141 illustrations. Fourth edition. Philadelphia: Lea Brothers & Co. Cincinnati: Robert Clarke & Co.

This work is too well known and its value too well attested by the rapid exhaustion of three editions to require extended notice. This fourth edition

is somewhat enlarged by the introduction of both text and illustrations. The quantity of information contained in it is equal to that of many text-books more than double its size. The secret of this is, there are no words wasted—there is no “book making.” J. M. F.

A HANDBOOK OF DISEASES OF WOMEN: Including Diseases of the Bladder and Urethra.

By DR. F. WINCKEL. Authorized translation. Edited by THEOPHILUS PARVIN, M.D. Second edition, revised and enlarged. With one hundred and fifty illustrations. Philadelphia: P. Blakiston, Son & Co.

In this second edition of this well-known work the author has added a section on diseases of the urethra and bladder. So well and favorable was the reception of the first edition, which we noticed at length, that those who are without it will at once add it to their library collection.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY.

Volume XIV. For the year 1889.

In keeping with its predecessors, this handsome volume tallies the year's progress in gynecology. The papers are all up with the most advanced thought, while some evince actual research in more perfectly developing our knowledge of diseases peculiar to women.

The necrology list for the year contains the names of James B. Hunter, of New York, and Elwood Wilson, of Philadelphia, both good and true men, whose works will ever live after them.

SIXTEENTH ANNUAL REPORT OF THE SUPERINTENDENT OF THE CINCINNATI SANITARIUM, for the year ending November 30, 1889.

This report is certainly a very satisfactory one as illustrating the success that is attending one of the best conducted institutions of this character in our age. During the year closed there had been admitted 120 men and 56 women, with 70 patients at the opening of the year, making an aggregate

of 246 patients treated during the year.

Dr. Everts, the Superintendent, and his assistants are doing a good work and in a good way. Known to the entire medical profession in the Ohio Valley so favorably, there is nothing left for us to say in commendation that is not familiar to all our readers.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirty-second annual session, held at Springfield, Mo., May 21, 1889. St Louis: Ev. E. Carreras.

This report contains a large number of papers of decided worth, indicating by both their number and their character that the Missouri State Society is in a highly flourishing condition.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS.

Pine Bluff, 1889.

This is a very handsomely gotten up report of more than one hundred

pages of small type, and full of papers which are highly commendable not only for their excellence but as well for their reasonable brevity.

MONOGRAPHS.

Lambert & Co., St. Louis, 1886.

Under this title are bound in a handsome little volume about a dozen valuable treatises on special subjects by eminent writers. They are not only interesting as reading matter, but valuable for reference. J. M. F.

J. M. RITTER, M.D., Richmond, Ia., says: My experience with S. H. Kennedy's Extract of *Pinus Canadensis* has been highly satisfactory, especially in the treatment of gonorrhea and gleet. In these lesions I regard S. H. Kennedy's Extract of *Pinus Canadensis* as the remedy par excellence. In one obstinate case of gleet, particularly, I obtained the very best results from the remedy as an injection; the case was one of six months' standing, the patient had consulted other physicians, but with negative results. I prescribed the *Pinus Canadensis* (White) as an injection, properly diluted. The malady yielded immediately, the discharge lessened, and finally yielded entirely, to the great delight of the patient.

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FORCEPS VERSUS VERSION IN CONTRACTED PELVIS.

A Paper read before the Cincinnati Medical
Society, November 26, 1889,

BY

WM. H. TAYLOR, M.D.,

Prof. of Obstetrics, Miami Medical College.

The title given as a topic for discussion this evening, is in consonance with generally accepted views and with the usual expressions of obstetricians, but I believe it unwise to limit our study to *contraction of the pelvis*. All writers give us precise directions for the measurement of the pelvis, and accurate descriptions of malformed pelves are written; at the same time three writers tell of the practical difficulty of detecting minor degrees of deformity, and of course such limited degree is the more frequent occurrence, but a still more important reason obtains for not being able to detect deformity, viz., it may not exist; but the cause of delay in labor may be from the size of the child's head being such as to prevent passage through an average size brim; the effect on the progress of the labor may be the same, whichever be at fault—the mother's pelvis or the child's head—but the influence upon our decision as to means for relief is not the same; and therefore I suggest that except where obvious deformity exists, it is wiser and more truthful to speak of such cases as "protracted labor from obstruction at the brim."

In a paper by Dr. Saml. Sloan, published in the *Edinburg Medical Journal*, he uses the phrase, "Labor

delayed by obstruction at the pelvic brim," and Dr. Parvin in discussing this subject speaks of "disproportion between the child and the pelvis," and such discriminating expressions I heartily approve of.

In a paper which I read before the American Medical Association, at Washington, in 1884, on this subject, I said: "I am satisfied of the correctness of P. Mueller's assertion that 'a great many irregularities in parturition, which formerly were attributed to other causes, are dependent upon some form of contraction of the pelvis.'" I then said, "We may not be able to measure the diminution accurately, but it is well known that conditions develop during labor which suggest improper relations between the head and the pelvis, *e.g.*, the membranes may dilate the cervix to some degree, and then further expansion cease, notwithstanding active uterine effort continues; meanwhile, the head remains above the brim or but imperfectly engaged in it; under these circumstances we may safely assert the existence of an abnormal condition."

With such preface I ask your attention to the question of treatment of such cases; first of all, we should wait a reasonable time to learn what the unaided efforts of nature may do; but if after such waiting no advance is made, and the woman begins to manifest ill effects of prolonged labor, what shall be done? The use of ergot under these conditions is to be unconditionally condemned, and I should not mention it at all in this connection, were it not for the fact that my experience as consultant in cases of protracted labor shows me that it is often resorted to. There are then two means of aiding in delivery where nature has proved inadequate to the task, viz: the application of forceps,

or, by pelvic version, and the determination of which of these methods is appropriate, is the chief purpose of this paper; and I assert that they are not substitutional, the conditions which justify resort to one method, render the other inappropriate.

In two recent publications upon this subject, viz: Saml. Sloan, in *Edinburgh Medical Journal*, also quoted in "Parvin's Obstetrics," and J. C. Cameron, of Montreal, in the "American System of Obstetrics," this antagonism is not recognized, and in my opinion very improper teaching results. The latter says, "whenever it comes to a question of choosing between forceps and internal version, the forceps should be selected, unless specially contraindicated, because the operation will be easier, and at the same time safer for mother and child, and the unpracticed operator is far less likely to do harm with the forceps than with version." Now while the assertion as to the comparative ease of the two operations admits of question, that not being under discussion needs no consideration at this time, but the suggestion as to "choosing" between the two implies a very grave error."

In a paper which I read at a meeting of the Shelby County, Indiana, Medical Society, last April, I said: "English authorities, such as Braxton Hicks and Barnes, advocate attempts with forceps first, and if these fail then resort to podalic version. I believe that such experiments are usually injurious, and seriously imperil both mother and child. I concur with the opinion of Spiegelberg, Tuhrman and Schroeder, that in these cases version and forceps are not alternative, therefore discussion as to choice of methods should not take place, but that the position and condition of the head should decide which method of delivery is the better. If by the efforts of the uterus the head has entered the brim well and then has ceased to progress, the case is one in which the forceps is clearly indicated, and for such cases I think the recently introduced axis traction forceps especially valuable. If on the contrary, after fair expulsive efforts of the uterus, the

head remains movable above the brim, the forceps will not avail, but if attempts be made to use them, only harm will result. It is well to bear in mind that the value of forceps decreases as the contraction increases, under the circumstances just mentioned. I should advocate immediate resort to version, and with this contingency in view, great care should be exercised to keep the amniotic sac unruptured as long as possible, for it is universally recognized that version is vastly easier and safer when the amniotic fluid is still present."

CROUPOUS PNEUMONIA.

A Paper read before the Grant County Medical Association, at its January Meeting, 1890.

BY

J. B. ALEXANDER, M.D.,
MASON, KY.

Mr. President and Gentlemen:

In preface to this brief paper I have to read you to-day, I wish to remark that I am aware of just and severe criticism to be met from an earnest inquiring body of men, who are in the forefront of advancement in medical science. I am not here in anticipation of any excellency of my own article, neither will it be expected of me to enter into any fine spun theories, or astound you with the revelation of untold or heard of remedies.

But the physician who fails to enlist, attend, or engage in the discussions of the various subjects elucidated by the medical societies of our land, must lag in interest, and loses the rare intellectual treat for which we attend. This interchanging of opinions, criticisms, and combinings of thought, forms the gist for my study 'til our next convening.

Pardon this digression, but croupous pneumonia, you all know by our textbooks is variously named: Pneumonitis, lobar pneumonia, and other synonyms, all in distinction of its anatomical lesions, or contra-distinction of catarrhal, lobular or patchy pneumonia, what most authors and pathologists unite in declaring to be different manifestations of the same disease, or different anatomical lesions of the same,

"Croupous pneumonia," says Alfred Loomis, "is an acute general disease with a characteristic local pulmonary lesion." Anatomically considered, it is an acute inflammation of the vesicular structure of the lungs. For its history see Vol. III, p. 307, of Pepper's System of Medicine.

Before entering into the pathology of this disease, we are reminded to-day, as it has ever been in the history of medicine, we have two theories, the old and the new. We had the solid and the humoral pathology, fluxes and refluxes, to either of which all human ills were due.

Likewise, now, we begin to discard inflammation as an etiology of disease, and the termination of "itis" to the anatomical part will have to give way to the enchanted tones and terms of the microscopist as he descants of bacillus and bacteria. Theories formerly accepted, and others not yet fully proven are contending for the mastery; the new will triumph for the time. The causation of disease long considered as established, is slowly being rejected as new light seems to loom up the dark recesses of abnormal phenomena. The new etiology is not complete in its great superstructure, although we have more light than ever before; yet it is impossible for us to say lasting progress has been made, or may we not be doomed, as heretofore, after years of toil and research, to disappointment?

Upon entering into the description of pneumonia, I will say it is not the purpose or intention to devote any lengthy remarks to the pathology or etiology of this disease, only our opinion formed from authors and what we can conceive of and discern clinically, believing that extensive copying is less interesting than brief reference.

ETIOLOGY OF (PRIMARY OR) CROUPOUS PNEUMONIA.

We must first determine, is it a local inflammation, or is this a constitutional or systemic disease? Evidently, from the premonitory symptoms, the severe systemic shock and organic symptoms, remote, there must be a systemic infection; also the differences ex-

hibited between traumatic inflammation of the lung-tissue and pneumonia, and further experiment with those who inhaled gases, hot air, noxious acids, and trachial injections of caustics, ammonias, etc., all result negative as to the production of this disease.

Croupous pneumonia presents a uniform course, if originating from a specific cause. Loomis says, Vol. III, p. 314: "It is only a conjecture that such a cause exists," while Whittaker says: "The work of the year distinctly emphasizes the cause of croupous pneumonia to be the diplococcus of Frankel."

While authorities agree that there is pneumonia from other causes, they are secondary and incident to the typho-bacillus, scarlatina, small-pox, etc.

Frankel's micro-organism is found in the sputum in the first days of this disease, in the posterior nares etc.

Wolf found the diplococcus sixty-six times in seventy successive examinations, and these were verified by culture in more than half these cases.

Weichselbaum sums up his conclusions of bacteria found in different forms of pulmonary inflammations, "to be the cause of the inflammation" (see *Annual*, Vol. I, Sec. A, 49, 1889).

Netter declares pneumonia contagious, transmissible contagion, due to specific micro-organisms, and that the germs exist with the patient long after apparent recovery. Well might we agree with Netter if we but observe the rapid spread and mortality (of the grosser kind) to stock once infected with "lung fever." Often the entire herd is lost.

I will not weary you with what to us can only be citations for further proof of the bacteria theory as the origin of croupous pneumonia, but will refer more especially to our own observations. Does the plethoric, strong and robust, or the asthenic, feeble and sickly, seem to be predisposed? I have seen those apparently in good health, suddenly stricken down, while the invalid would pass through an epidemic unaffected; but I am inclined to the belief, that malaria or any miasmatic influences, tubercular, or other depression of general vital forces, offer favor-

able lodgment of micrococcus. Also sudden changes from a dry and temperate atmosphere, to a cold wind and rain, or a north-easterly wind, with a velocity sufficiently long continued to bring the whole area of atmosphere of the northern lakes upon us (as we have all noticed, north-easterly wind blows no good to any one) is productive of "cold," and in season, is frequently succeeded by pneumonia.

We notice also the geographical influences, according to statistics, that pneumonia is more frequent as we approach the tropics from either pole. We realize too, that we inhabit the bottom of a deep ethereal ocean, densest (by the laws of gravity) at its bottom; hence altitude of fourteen or fifteen hundred feet above the sea level is not so liable to pneumonia.

Right here, elaborate statistics would verify much that has been said, but you all have access to the same compiled by authors that I have, and my own experience being limited to twenty or thirty cases in a season, would be no comparison.

SYMPTOMATOLOGY.

Here I find a field too extensive and varied for the purpose of this paper, taking into consideration all classes and ages. In children, often we have all the category of symptoms common to cerebral complications: convulsions, delirium, nervousness, and many of the adult symptoms accelerated. Pneumonia is much more common in children than adults. In all cases of great acceleration of temperature in children, I always suspect and must exclude pneumonia before accepting any other diagnosis.

When called to an adult with croupous pneumonia, we usually find our patient in bed; high fever, has had a severe chill, has oppressed breathing, headache, etc.

The temperature usually increases until the fourth or seventh day, when, in favorable cases, symptoms and temperature decline. For range of temperature, see Vol. III, p. 324, Pepper's System.

Notice that we classify temperature

as a symptom, a consequence of the disease, and not the morbid cause.

From the first to the third day, may be denominated the stage of congestion, at which time usually occurs the rust-colored sputa, but in fatal cases we have seen the prune-juice or liquor sanguinis expectoration occur, instead of the characteristic brick-dust sputa; from the seventh to the ninth day, the stage of exudation, when, if the croup deepens and expectoration becomes more abundant and muco-purulent, the stage of resolution is delayed.

PHYSICAL SIGNS.

In the first stage, moderate dullness of resonance on percussion over affected lobe, and after the first day or so, by auscultation we get fine crepitant râles. Second stage decided dullness, no râle, but instead, bronchial respiration and bronchophony; when resolution follows the second stage, we have returning fine crepitant râle. But these signs may not all be always easily elicited, more especially in children when patchy (catarrhal), or isolated infections have not coalesced.

TREATMENT.

The indications differ in different patients, owing to the physiological temperature.

In the first stage we have to combat excitability, fullness of vessels, cough, pain and toxic matter, due to pathogenic micro-organisms, as well as guard against cardiac exhaustion or paralysis. I usually administer a hypodermic of morphia, if pain is severe, and much excitability; if pain is not too severe, with oppressed breathing, croup, etc., I give: R quinine, comp. powd. opii., and if constipation, mild chloride mercury every three or four hours. Why do I give these? We must have a purpose and an effect expected from each drug prescribed. I believe the opium, either the compound powder, or morphia, whichever is administered, to act as a narcotic and stimulant or support to the heart by palliating the excitability to the ganglia, and thus keep in working order the equalizing power of the thermal system, aided by catharsis

and the desseminating potion. The quinine I believe to be a germicide, therefore an antipyretic by arresting the source of irritation to the thermal system. Whether its action is chemical or mechanical, is left to your conclusion; but we have microscopists discerning its crystalline needles floating in the blood, and even in the brain itself its action is felt upon the nerve centers in a very short time. It is a heart as well as a bitter tonic. I have seen much relief expressed in oppressed breathing and delayed expectoration, from hot poultices, cloths rung from hot water, or a blister until its rubefacient effect only is produced.

Liebermeister, says Whittaker, prefers the abstraction of heat by cold, as the cold bath 68° F., or cold pack, and only administers drugs when hydrotherapy fails.

The old and continually talked of blood-letting, has but one demand upon physicians, and that is when the mechanico-hydraulic disturbance is grave (if known).

Perfect quiet and rest must be enjoined and maintained in a prone or lying posture; this aids circulation, lessens the heart's labor, etc.; also have a lighted, well ventilated room, of the temperature most pleasant to the patient.

Nutrition, or diet, is of prime importance, and should not be neglected. The culinary, of all sciences, is most universally neglected. The doctor must sometimes superintend the kitchen in the preparing of nourishments, as it is our mission to be wise in all things. Milk, eggs, soups, broths, etc., are all nutritious and admissible properly prepared and rationally administered.

I like to observe closely the physiognomy, or expression of a patient, and if possible, combat that woe-begone expression, depression, muttering, etc.; keep toned and electrically clear that index to the nervous system, the retinal expansion of the optics; equal in importance is it to me as the tongue as an index to the alimentary tract.

Now you may ask the question, do I use the cold pack or bath? If I deny my patient these, and temperature is

high, what would I do? I would be certainly sure that I had gotten the full antipyretic effect of quinia, watch the organs of dissemination, as well as generation of the thermal system; should symptoms of heart failure present themselves, I would give extract digitalis, camphor, tr. opii., with an excess of camphor.

For me now to attempt to enumerate the symptoms to be met in the course of this disease, with its complications, or delineate the treatment to convalescence, would be wearisome and beyond the design of this paper.

Now, as stated in the beginning, of the two theories with their treatment, antiphlogistic, expectant, or the antiseptic, which is the most plausible, which do you adopt or accept? Or will it follow that the new discovery will give us power over disease? Will our treatment show a decrease in the mortality rate. This, after all, is the boon of importance for which we seek. No matter what the remedy, so relief and restoration to health is secured, or what or how its *modus operandi*, but the same should be maintained and wide-spread.

SCARLET FEVER, MEASLES, AND RÖTHELN:

DIFFERENTIAL DIAGNOSIS OF.

BY

H. H. SPIERS, M.D.,
EDINBURG, O.

In order to more clearly apprehend the diseases named, I herewith present the following table of differences. For measles and scarlet fever, Da Costa in his "Medical Diagnosis" is largely drawn from; for röteln, personal observation of an epidemic that occurred in our place in the spring of 1888, no other acute disease prevailing at the time.

SCARLET F.	MEASLES.	RÖTHELN.
Period of incubation uncertain; one to twenty-one days.	Period of incubation variable, generally from one to fourteen days.	Period of incubation usually fourteen days, but may vary from nine to fourteen days.

SCARLET F.
Fever, with very frequent pulse, persists unabated during eruption.

Eruption on second day, first on neck and chest; spreads rapidly.

Eruption uniform; usually not elevated, or in very large patches of scarlet hue, with interspersed raised spots and some vesicles. *Every part of the disease diseased.* Rash, followed, after the seventh day from its appearance, by very complete desquamation.

Sore throat; rarely coryza or bronchitis.

Red "raspberry" tongue.

Cerebral symptoms frequent and grave.

Temp. very high; may range from 105° to 110°. No fall soon after eruption; high temperature during the height of eruption; subsequent gradual decline.

MEASLES.
Fever, with moderate frequency of pulse; not relieved but rather increased by eruption.

Eruption on fourth day, first on face; spreads gradually in course of about forty-eight hours to rest of body.

Eruption in crescentic patches, elevated, with intervening portions of healthy skin; lasts about five days, followed by partial and very incomplete desquamation, and scales are as a rule very fine.

Coryza and bronchitis very constant; rarely sore throat.

Coated tongue; may be red at edges.

Cerebral symptoms neither frequent nor grave.

Temp. during the fever preceding the eruption moderately high, rarely over 102° to 103°; falls on second day; rises rapidly toward breaking out of eruption, and remains high during its appearance and spread.

RÖTHELN.
Fever, with moderate frequency of pulse; relieved by eruption.

Eruption on second day, first on face or chest; spreads over the entire surface in about twenty-four hours.

Eruption in circular patches, elevated, with intervening portions of healthy skin; lasts about three days in mild cases; no desquamation. From seven to eight days in severe cases; always desquamation, and scales very fine.

Sore throat; coryza very constant; rarely bronchitis. In severe cases involvement of the lymphatics of the neck.

Tongue lightly coated and always moist.

Cerebral symptoms neither frequent nor grave.

Temp. preceding eruption seldom above 102.5°; usually not more than 101°, commonly 99.5° or 100°. Gradually declines on appearance of rash.

SCARLET F.
Pneumonia rare; pleurisy more frequent.

Sequelæ: Bright's disease, dropsy, adenitis, etc.

MEASLES.
Pneumonia a very frequent complication.

Sequelæ: Chronic bronchitis, phthisis, etc.

RÖTHELN.
Pneumonia and pleurisy rare.

Sequelæ: Recovery usually perfect. After severe cases, in which there has been either high temp. or albuminuria, slight derangement of kidneys.

Selections.

TREATMENT OF SYMPTOMATIC HEMORRHAGE.

Probably no symptom is more alarming to the friends, or, as a rule, a source of greater anxiety to the medical attendant, than hemorrhage. Its immediate checking naturally seems to the bystanders the first duty of the physician, yet in many cases it would be far better for the patient to lose some blood and so have the benefit of nature's method of relieving, by this safety-valve leakage, the diseased condition of some organ, than that the hemorrhage should be controlled by medicinal or other treatment. Urged by the patient's friends, and feeling the "necessity of doing something," the physician mayhap often controls the hemorrhage to the detriment of some diseased organ whose relief could be secured in no other way so speedily or completely as by the drain of blood from the over-filled vessels.

In hepatic disease attended by portal obstruction the rectal hemorrhages, often too actively treated, may relieve symptoms which otherwise might be overcome with difficulty or not at all. By epistaxis nature often takes it upon herself to relieve intra-cranial congestion, and, if read aright, will offer material assistance as an indication of the proper mode of treatment to be adopted. Many other examples of this safety-valve leakage from over-distended vessels might be adduced. In all cases to treat hemorrhage as hemorrhage, and not as a possible symptom of disease of deeper

origin, is as irrational as to treat all headaches with nerve sedatives. In the *Gazette Hebdomadaire de Médecine et de Chirurgie* for November 8, 1889, is an excellent article by Guinard upon the treatment of hemorrhage from other than large vessels. He relates several cases of epistaxis cured by the application of a vesicatory over the hepatic region. In some of the cases so treated the diagnosis of hepatic disease had already been made; in these the hemorrhage was arrested by the measure employed; in others the cessation of hemorrhage after the application to the area named led to the detection of previously unrecognized hepatic disease; in a third class the application failed to control the hemorrhage, and in these no hepatic lesion was present. He also relates cases of hemorrhage due to malarial infection and to disease of the kidneys, which ceased under treatment applied to the underlying cause.

Epistaxis is so frequent an occurrence in apparently perfectly healthy individuals, and of itself is so seldom of serious consequence that we may, unless we are constantly on our guard, pay attention to the surface play without considering its significance as the outward and visible sign of some causative visceral disease. As with coryza, so with epistaxis the symptom may be heroically attacked, leaving the underlying renal disease to pursue its course unnoticed.

The rational method of treatment is to remove the cause of symptoms produced, and only after careful investigation of other organs, that could be capable of producing the symptom, should the hemorrhage be considered as idiopathic and due to some local condition.

Were we to picture fully to ourselves the physical condition of the diseased organs that we have to deal with, and, so to speak, to put ourselves in their place, we might often change materially our plan of attacking the symptoms presented.

Too often does the physician, urged (perhaps against his will) to stop the hemorrhage, turn with confidence to ergot as the great hæmostatic, and in

giving the remedy feel that he is "doing something" to the quieting of his own conscience and of the clamor of the patient's family. No matter from what source the hemorrhage may come, or to what cause it may be due, ergot is looked upon by many as the panacea for hemorrhage. From the fact that uterine hemorrhage is controlled by ergot, the conclusion is drawn that all hemorrhage can be surely and safely checked by the same means; yet probably the action of ergot as a stimulant to the contractile power of the uterine tissue has more to do with its ability to stop post-partum or other hemorrhage from the same organ, than has any hæmostatic property possessed by the drug.

That ergot is a powerful vaso-motor stimulant makes it of vast value in the treatment of such hemorrhage as arises from disease of the vaso-motor system in which subcutaneous, submucous, or external hemorrhages occur. Here its action is intended to affect the whole blood-vessel system of the body, and its use is rational. It is far different when we have to deal with hemorrhage due to the rupture of a vessel from local disease of its walls or of the surrounding tissue. By giving ergot in the latter condition we increase blood-pressure enormously by contracting *all* of the arterioles of the body, we increase the strain upon the diseased and weakened vessel-wall as well as upon those of the healthy vessels, and we must of necessity not only render further rupture possible, but also increase the outflow from the bleeding vessel, thereby perhaps destroying the chance of clot-formation, by which alone the leak can be repaired. It is impossible to see how ergot could have any selective action upon the ruptured vessel, picking it out from the rest and diminishing its calibre, and it is but natural to believe that a vessel so diseased as to suffer rupture of its wall, cannot contract so well as do the healthy vessels throughout the rest of the body.

If the above view is correct, it is improper to administer ergot for the checking of hæmoptysis, and unwarrantable to attempt to prevent a recurrence by repeated doses of the drug after the

first leak has been plugged by a clot. In cerebral apoplexy the same remarks would apply with even more force, as we have here to consider the fact that the more fully the cerebral vessels are dilated, the less room is there for the accommodation of the outpoured blood, and that by contracting the unruptured blood-vessels we not only increase the force of the blood stream through the already ruptured vessel, but also make room for more blood to be poured out, and invite its exit through the rent. It is not the blood *in* the cerebral vessels that causes the damage, it is the blood *outside* of them.

Were a leak to occur in a branch of the conduits leading from a reservoir of water, the method adopted to check the outflow would surely not be to narrow or occlude all other branches, or to remove all external opposition to the free discharge from such a leak; yet with local disease of one part of the vascular system the analogy will hold, as the atheromatous and friable cerebral vessels, and the thickened infiltrated vessels in the walls of a pulmonary cavity certainly cannot be capable of much contraction under the influence of ergot or any general vaso-constrictor.

Far better is it to quiet the strength of the blood current, to divert the stream so far as possible into healthy channels widened for the reception of as much blood as is possible, to quiet the heart's action and so allow nature unopposed to attempt to plug the leak by clot-formation.

With some modification the same method of reasoning applies to the use of ergot in the hæmoptysis of mitral disease, where by the administration of the drug all of the arterioles are contracted, and thereby more obstruction opposed to the blood flow from the already incompetent heart. Here the method of attacking the cause would be by aiding the heart to keep up the lesser circulation, while at the same time endeavoring to lessen, instead of increase, the *vis-a-fronte* in the greater circulation. A severe, but not fatal, hemorrhage, if unchecked by medicinal measures, continues until syncope occurs with practical absence of blood-pressure.

If the syncope, or rather the low blood-pressure, last sufficiently long, clot-formation occurs at the bleeding point and the hemorrhage ceases. If the patient be raised from the recumbent posture, hemorrhage may recur from the rise of blood-pressure produced by the change of position sweeping out the clot that may have formed. The pointings of nature are always wise and safe, and the more we assist instead of opposing her, and the more we attempt to imitate her methods, the more rational will be our treatment and the more certain our results.—*Medical News*.

IMAGINARY FOREIGN BODIES, IN THE THROAT.

At the meeting of the Tri-State Medical Association, of Alabama, Georgia and Tennessee, Dr. Max Thorner, of Cincinnati, said that this is not an unfrequent occurrence; people complain of foreign bodies in their throats, existing only in their imagination. Many practitioners have, in the early days of their practice, to learn, that it is sometimes rather difficult to deal with patients of this kind. The speaker divided cases of this kind into three different classes: (1.) Cases where a foreign body found its way into the air-passages, or the œsophagus at some time or other, without remaining there, but leaving to the patient the sensation of being located somewhere in this region. (2.) Cases where no foreign body ever got into the throat, but where some pathological condition of the throat imposes upon the patient the sensation of a foreign body. (3.) Cases where neither of these causes can be made responsible for the presumption—where no pathological change can be detected in the region under consideration, and where the sensations of the patient are either reflex in character, produced by some more or less remote ailment, as, for instance, in cases of indigestion, or where the trouble is of a purely neurotic character.

In considering these three classes, we must first establish the fact if a foreign body really found its way into the throat: and if so, we must ascertain

where it is. Foreign bodies in the air-passages make themselves known to the examining physician, in most cases, by signs not to be mistaken; and such substances in the naso-pharynx, pharynx and œsophagus can be detected, in almost every case, by our ordinary means of examination. If, after careful, and eventfully repeated examinations, we have good reason to think that any substance that may have entered the throat has been dislodged since, we will in many cases succeed in convincing the patient of this fact, especially if we have to do with intelligent persons. This is the more the case, when we wait until slight lesions, produced by the foreign body, will have had opportunity to heal. At times, however, patients cannot be satisfied that the foreign body is no more in the throat.

In the second class, we find patients, who have the sensation of a foreign body in their throat on account of some pathological conditions. Such conditions are: Enlarged tonsils and uvula, granular pharyngitis, enlarged circumvallate papillæ and lymphoid nodules on the back of the tongue, varicose veins at the back of the tongue, or on the uvula, neoplasms, etc. The removal of these conditions will remove the sensation of a foreign body in the throat.

The most difficult group of cases regarding treatment, and frequently unsatisfactory, as to a cure, is that where either a remote cause is responsible for the sensation of a foreign body, or where nothing can be found to which we may attribute the troublesome sensation. If we are able to detect the remote cause of the complaint, the latter being only a reflex symptom, we need only direct our attention to the primary cause, in order to effect a cure. That was the case with a lady patient of the speaker, who insisted on having a piece of a nutshell located in her throat. The latter was in perfect condition. She was afterwards treated for indigestion that co-existed at the same time, and complained no longer of the foreign body. If, however, nothing of this kind can be found, we must consider the complaint a neurosis, as, for instance, the globus hystericus, etc. Though in many

cases of this kind, pathological conditions, as enumerated above, are the cause of the supposed neurosis, there still remain a number of cases where this does not apply; where the trouble appears to be of a purely neurotic character. And these cases are more or less unsatisfactory as regards a permanent cure.

—*Virginia Med. Monthly.*

THE SURGICAL TREATMENT OF GENERAL PARALYSIS OF THE INSANE.

An examination of the reports of our insane asylums will show the large proportion of cases of general paralysis of the insane among the inmates of these institutions, and treatment has rarely resulted in recovery. Sometimes, as is familiar to the medical officers of asylums, there will be a marked improvement in the mental condition of patients of this class, and the hope is entertained that recovery will follow; but this improvement is usually temporary, and the relapse is a condition worse than before.

A short time ago Dr. T. Claye Shaw reported in a conservative manner, a case of general paralysis with bulbar symptoms, that was seen also by Dr. Ferrier, who agreed that the case was fast becoming one of dementia, and that trephining alone afforded hope of relief. Dr. Shaw based his conclusions of the promise of relief afforded by the operation on the fact that pathological appearances indicated irritative processes in the upper layers of the convolutions, with later pressure symptoms; and, as nerve stretching (suspension?) had proved beneficial in ataxia, brain stretching—that could only occur by increasing its space for expansion—would relieve the pressure of the cerebral fluid and diminish the arterial tension that the sphygmograph has shown existent in such cases.

Accordingly, in this case the patient was trephined over the right central sulcus, about two inches outside of the longitudinal fissure. Mr. Harrison Crippe operated, making two holes with a trephine, and cutting away the intermediate bone, secured an opening

in the skull about one and one-half inches long by three-quarters of an inch wide. The dura mater was then incised and a "considerable quantity" of sub-arachnoid fluid escaped. By the tenth day the wound had healed, and no cerebral symptoms had been presented after the operation. Though there was but slight improvement in the bulbar symptoms, those of *folie de grandeur* no longer existed. The patient was seen by Dr. Clifford Allbut, who agreed with Dr. Shaw that the man was no longer insane.

Subsequently the distinguished alienist, Dr. J. Batty Tuke, reported a case of paresis that he saw in consultation with Dr. Muirhead, in the early stage of the disease. In this case there was a syphilitic history, but the symptoms of intra-cranial pressure were so marked that the patient was trephined above each parietal eminence. The bone was thicker on the right than on the left side, and the dura mater bulged on the former, but not on the latter side. The wound healed by first intention, and for five days the patient's hallucinations ceased and he seemed more rational. At the end of that period the old symptoms returned, and the patient was subsequently transferred to an insane asylum, and when last seen was markedly ataxic, and had pronounced dementia. It will be noticed that in this case, that was operated on just a short time previous to Dr. Shaw's, the trephine opening was not so large, nor was any attempt made to drain the dura mater, an omission that Dr. Tuke would have remedied, had the case remained under his care.

If we examine the reason for the operation we find that we have a disease that is usually fatal, from a destruction of the functional activity of the brain by intracranial pressure. The experiments of Adamkiewicz, Naunyn and Schreiber have shown that slight variations in pressure will cause certain definite phenomena, and it is a reasonable conclusion, that has almost been positively demonstrated by these two cases, that a relief of this pressure will relieve the symptoms in general paralysis of the insane. It is not to be presumed that the connective tissue changes

that take place in the vessels and convolutions will be at once absorbed; but the brain is restored to a more nearly normal condition that will probably admit of compensatory changes occurring. The operation, if properly performed, entails but moderate danger to the patient, and it is worth while considering whether even temporary alleviation of the condition is not desirable for the patient as well as for his relatives.

Certain English as well as German alienists have hastened to condemn Dr. Shaw's operation, on theoretical grounds, the Germans even asserting that any permanent benefit is as fallacious as to expect any permanent improvement to follow "wet stretching" of the sciatic nerve for ataxia. But the gentlemen associated in these two cases occupy physicians that entitle them to a respectful hearing from the profession, and the operation must be condemned not by theory, but practice.

—*Four. of Am. Med. Association.*

FLAT-FOOT.

Mr. A. G. Miller, in the *Edinburgh Medical Journal*, divides flat-foot into two principal types: The mechanical, due to carrying heavy weights, and the atonic, due to the debility of patient and part. The first, he says, is not a disease, but only a deformity, and comes on very gradually, the tarsus being fairly borne down with the superincumbent weight. This form of flat-foot is met with in porters and those who carry heavy loads, in persons who stand much and who are unusually stout and heavy. The first symptom seems to be an aching pain across the instep or just below the external malleolus. The treatment is to support the part with some mechanical contrivance, such as a pad or steel spring in the boot, or to throw the weight of the body on to the outer side of the foot by putting a wedge-shaped piece of leather on the inner side of the sole. The patient should be directed to walk with the foot straight and try to lean on the other side. Flat-foot, he adds, may also be due to habit, and this form is

noticed chiefly in adults, especially in butlers and those who go about in slippers. The atonic type is the most important form of flat-foot, being at once the most painful and the most difficult to treat. Indeed, it is the only form that can truly be called a disease. Those generally affected are young, delicate boys and girls, who have to walk much, carry weights, and are poorly fed. If only one foot is affected, it is turned out more than the other in standing and walking. It is carefully saved when the patient is standing, and he will limp on it when walking. There will be pain of a dull, aching character on the inner side of the foot just behind and below the tubercle of the scaphoid. This is due to the inflamed condition of the calcaneo-scapoid ligament. The diagnosis is usually easy. The aforesaid pain is quite characteristic. The patient looks ill-fed, overworked, tired, and unhappy. The leg is flabby and thin; the foot soft and unnaturally plastic. As regards treatment, there is little to be done except to administer tonics to the system and to the part. The best of all is rest, combined with change of air and healthy exercise. Iron, quinine, and strychnine may be given internally, while gymnastics should be practiced to increase the tone and power of the tibial muscles and other supporters of the tarsal ligaments. In conclusion, the author states his belief that without relief to the overstrained ligament, and toning up of the system and limbs, no cure can possibly be effected.

—*Occidental Med. Times.*

CHANGES IN THE SPINAL CORD.

In 1867 Lichtheim read a paper before the Wiesbaden Congress on the changes he observed in the posterior columns of the cord in a case of progressive pernicious anæmia. He had mistaken it for a case of tabes dorsalis, the ataxia, partial paralysis of sensation, pain, and total loss of the tendon reflex. In this case a rough anatomical examination was made, but the conclusion came to was that there was some altered condition of the blood of an un-

usual kind. Since then similar cases have been reported with no more satisfactory explanation. On the other hand, Leichtenstein declares to have met with cases of apparent progressive pernicious anæmia which turned out to be no other than tabes! Since then Professor Lichtheim has devoted his time to this subject, and now places the result of his labor before the critical world for consideration. He is of opinion that the morbid changes in the spinal cord are the result of pernicious anæmia, and that they do not occur as a complication of tabes. Clinically, pernicious anæmia runs its course in a few months, but the condition of the spinal substance manifests much more recent changes, both in the neuroglia and the nerve substance itself. Sclerosis of the neuroglia is entirely absent. Around the axis-cylinder the sheath is at different places contracted into a spindle-shape or knobbed appearance, while at other parts the axis is greatly enlarged, the sheath torn, or the whole may have the appearance of a corkscrew. Fat cells and amyloids are present in varying quantity. The localization of the malady is essentially different from that of tabes, the changes being downwards. It extends from the cells of the posterior column down to the lumbar and sacral region. It is specially to be noted that the posterior column is always the part most affected. This affection of the posterior columns of the cord in pernicious anæmia was remarked in six cases out of twelve examined in which the degenerative changes were well marked. The morbid condition of the blood was evidently the cause of the spinal disease, which was the result of a *leukæmia*. In pseudo-leukæmia and severe chlorosis it was invariably absent. Lichtheim looks upon the spinal disease as the result of a toxic agent, just as the virus of syphilis produces tabes. He reasons from the effects of ergotine on the cord, and by the experiments of Fünster of centrifugal action in determining the blood and producing a similar morbid condition in the pyramidal columns. In diabetes mellitus, where the tendon reflex is absent and impotence present,

the same conditions may exist. Again, Minnich found in four cases of long-continued icterus, three of the cases had these changes in the posterior columns in a very pronounced condition. In this connection Lichtheim brings forward the testimony of Tizzoni after extirpation of the supra-renal capsules where the columns were affected, as well as the posterior columns described in the "Tubinger Dissertation," 1889, in a case of morbus Addisoni. This exceptional disease may be of course the result of the sensory and reflectory force on the part rather than any toxic injury.—*Med. Press and Circular*.

A NEW ADVANCE IN THE TREATMENT OF UNUNITED FRACTURE.

Every surgeon knows how difficult it is in certain cases to get a broken bone to heal by bony union. The ends may be pegged and hammered and sutured indefinitely without success. In the case of fracture of the radius there are often times special difficulties, since resection—the last resource of the surgeon—leaves a gap between the ends of the radius, which is now shorter than the ulna beside it, and so it is almost impossible to bring the bared ends of the fractured parts into apposition and to keep them there. Even if a piece be cut out of the unfractured ulna, so that the inequality in the length of the two bones is removed, a satisfactory result can not always be obtained. In the *Lancet*, October 26, 1889, Professor McGill, after commenting upon the above facts and relating his failure with the last-mentioned procedure, explains a new method which he applied successfully in one case, taking the hint from a suggestion made by Dr. MacEwen, who proposed, in case of destruction of the shaft of the humerus by acute necrosis, that a new shaft should be secured by transplantation of bits of new bone.

In Professor McGill's case a man, twenty years of age, had fractured both bones, so that the ends of the radius protruded through the wound on the radial side of the forearm. The ulna

healed quickly and well, but the radius remained ununited, although the ends had been refreshed and wired three months after the accident. Some eight months afterward he came to the hospital. He had a scar over the wound, and the ends of the radius were quite movable, the usefulness of the forearm and hand being much impaired. An Esmarch's bandage was applied and an incision was made in the line of the old scar. The ends of the bone showed no signs of union, but were rounded and covered by a thick membrane-like periosteum. When this had been filed away, an interval of three-quarters of an inch was left between the fragments. This interval was filled with thirteen pieces of bone, each about one-sixth of an inch in length, chiselled from the femur of a freshly killed rabbit. The bones were not wired. The skin-wound was tightly stretched, without drainage, with catgut. Firm pressure was applied by means of salicylated wool and bandages, and the forearm was placed on an anterior splint. There was no suppuration, and very little discharge. The patient left the hospital in six weeks, with the bone firmly united. Three months later the injured arm was as useful as the other. Is it not possible that this method used by Professor McGill may be of service in the treatment of old ununited fractures in other parts? It is possible that a more vigorous action might be set up, by presence of the implanted healthy bone, than would naturally occur in the fragments of a fractured long bone in a person of feeble constitution.—*Canada Lancet*.

WHAT KIND OF INSTRUMENTS MODERN ANTISEPTIC SURGERY DEMANDS.

In a paper read before the Southern Surgical and Gynecological Association, Dr. J. W. Long, of Randleman, N. C., called attention to the importance of having the tools with which we work in harmony with the end desired—*i. e.*, if we are striving for *aseptic results*, our instruments must be *aseptic*. How often we blame a nurse or assistant for a bad result, when, in fact, the source of infec-

tion is the instrument with which the operation was done. He said we could look for nothing better while we used instruments with wooden handles, abounding in screws, double joints that cannot be opened, and many other complicating devices that are peculiar to surgical instruments. The only kinds of handles admissible were *metal* and *baked rubber*, (vulcanized) handles. Both of these can be boiled for any length of time without injury, which is the best way to cleanse instruments, and which cannot be said of any other kind of handles.

In *joints* he advocated only *open* ones, either the French joint—which is by no means perfect—the Dixon joint, or a new one, resembling somewhat the obstetric lock. He emphasized the absolute necessity of constructing instruments so they can be *easily*, as well as thoroughly, cleansed. An instrument that is difficult to clean, is usually not cleaned at all. Therefore the greater need for open joints. The construction of the jaws and teeth of instruments was discussed. He noticed particularly that the ridges and teeth of the jaws should not be too close together; and the angle between should be obtuse and rounding, so that blood, dirt, or anything that might lodge there, could be easily removed with a stiff nail brush.

—*Virginia Medical Monthly.*

TREATMENT OF BUBOES BY INJECTION OF IODOFORM IN VASELINE.

The following is the manner in which Prof. Pontain proceeds:

1. Washing and antiseptis of the region by means of Van Swieten's liquid, diluted one half with hot water.

2. Puncture with the lancet if the skin is soft, with the straight bistoury if the pus is deeply situated. The puncture is small and made in the most fluctuating point; it is not necessary that the incision have a slope, for there will be no discharge in the next succeeding days.

3. Evacuation of the pus, pressing out completely all the liquid contents of the ganglion; it is indispensable to cause all that the ganglion contains to be

gently and gradually pressed out, and this procedure is sometimes painful. A few injections of diluted Van Swieten's liquid are now made to wash out well the pouch.

4. Injection of iodoformized vaseline melted by heat: it is to be pressed gently in by means of a glass syringe previously charged and placed in hot water.

5. Dressing with absorbent cotton. As soon as the cavity is full of the iodoformized vaseline, a wad of cotton, soaked in cold Van Swieten's liquid, is placed over the adenitis, and kept in place with a spica. The contact of the cold congeals the vaseline, and makes a plug at the orifice of the bubo. After the first day all pain disappears, and ordinarily healing is complete without cicatrix in an average of six or seven days. It is at times necessary to renew the injections of vaseline.

Out of forty-one buboes thus treated by the author, more than half were cured in less than five days. The most rebellious required twenty-three days.

—*Four. Cut. and Ven. Dis.*

ACETATE OF LEAD IN PNEUMONIA.

Prof. Crocq. of Brussels, has found that a remedy which was formerly a good deal employed in pneumonia, but which has long fallen into complete disuse—viz., acetate of lead—is in many cases of great value. This remedy was prescribed, combined with opium, by Ritscher, and afterwards by Strecht, Leudet and others. Nothnagel and Rossbach mention it in their handbook, but consider that it is useless in ordinary cases, though they recommended it where there is œdema of the lung, and in the hæmorrhagic form of the disease. Prof. Crocq, having prescribed the lead salt in a large number of cases, is convinced that it frequently reduces the heart beats as much as ten or fifteen per minute in a single day, and that it exerts an equally marked effect upon the temperature, the sputum, too, becoming less in quantity, and less deeply tinged. Instead of producing constipation, it is far more likely to open the bowels; but notwithstanding this action there is no

objection to prescribing it with a little opium in cases where diarrhœa is present, or, if preferred, trisnitate of bismuth may be added instead of opium. Small doses are of very little use, the minimum quantity that should be ordered for an adult per diem being six grains, and this may sometimes be increased with advantage to as much as fifteen grains. This treatment may be continued for a fortnight without any symptoms of lead poisoning presenting themselves. Prof. Crocq remarks that it may be given at all stages of the disease, but at the beginning in strong subjects, and when the pain is severe, its action is but slight, and so antimonials are to be preferred at that time. Where, however, resolution is delayed, where there is but little fever, where the patient is very weak, where there is enteritis or diarrhœa, and especially where the digestive organs will not tolerate antimony, acetate of lead is very valuable. Again, when the pneumonia is secondary to some other serious disease, and when the heart is acting insufficiently so that the pulmonary circulation is interfered with as in Bright's disease, in organic affections of the heart, in drunkards and in old people, acetate of the lead will sometimes work wonders; indeed, he considers that it is most valuable in serious cases. Of course, it must sometimes be combined with alcohol.

—*London Lancet.*

NEURASTHENIA OF THE HEART.

Lehr (*Wiener klin. Wochenschrift*) divides the forms of this affection into toxic, reflex, and traumatic. Tobacco and alcohol are the principal factors in the production of the first form. All conditions which conduce to neurasthenia may, also, induce cardiac neurasthenia, such as mental strain, anxiety, and excesses. The traumatic form is due to psychological shock, and the attending loss of blood. Males are more often affected, and usually between the ages of 15 and 36 years. The main symptom is palpitation of the heart. Patients complain of a sensation of pressure and tension in the precordial region, together with fullness of the head,

insomnia, and malaise. After slight exertion, severe cardiac palpitations supervene, attended with fear and disquietude; pulse 96—100, full, and tension increased; strong pulsation of the carotids and peripheral arteries. Such attacks cease after a few minutes, leaving the patient in a condition of exhaustion. The intervals between the attacks gradually become less frequent, and the sensation of pressure in the precordial region, together with irregularity of the heart's action, and sleeplessness are always present. The semeiology of the reflex form tallies in the main with the form described. The prognosis of this affection is, as a rule, good. The treatment consists in the removal of causes, and combatting the neurasthenia. This is accomplished by the use of baths of a temperature between 20° and 30° C., and from 1 to 5 minutes' duration. The sea baths reduce the pulse frequency, diminish blood pressure, and quiet the patient. Severe cases demand energetic cutaneous irritation, and douches upon the body. Gymnastics and electricity are usually without effect. Galvanization of the heart itself can be of value. Preparations of iron may be used to advantage, owing to the complicating anemia.

—*Occidental Med. Times.*

EPITHELIOMA OF THE CORNEA.

M. Galezowski, of Paris, read the notes of a case of epithelioma of the cornea before the last meeting of the French Ophthalmological Society, among which the following remarks occurred:—The first symptoms of epithelioma of the cornea are manifested by a circum-corneal injection accompanied with some pain, then the surface of the cornea is seen to be irregular, but the tissue proper of the membrane does not alter much for several months, even in some cases for years. The tumor as it grows exhibits an irregular-shaped appearance, and ultimately causes some swelling of the lids. Sometimes it penetrates into the anterior chamber, and may even cause destruction of the globe. Under these circumstances of its development, the cornea becomes thickened from hypertrophy of its interstitial tissue. Gale-

zowski recommends especially the use of the galvano-cautery for the removal of the tumor. In several cases where excision by means of the bistoury had failed, the application of the galvano-cautery has prevented recurrence.

—*Medical Press and Circular.*

A TEST FOR URINARY FISTULÆ.

M. le Fort (*Gazette des Hôpitaux*, Dec. 10, 1889) makes use of a chemical reaction to establish the connection of suspicious fistulæ with the genital tract. He injects into the bladder by means of a catheter, a solution of iodide of potassium, weakened so as to produce no irritation. The fistulous openings are plugged with the acetate of lead. The catheter is retained in the bladder, preventing the outflow of urine. If the fistulæ is vesical, the acetate of lead takes on a yellow coloration. If it does not, the catheter is partly withdrawn, the patient is ordered to pass water, the catheter obstructs the flow through the entire length of the urethra, and if the fistulæ opens into the posterior urethra there is a discoloration of the acetate of lead at the external opening of the fistula. In this way the exact location of the internal opening, and the fistulous character of the channel may be determined. To show how rapidly this reaction may take place, even though the iodide of potassium is administered through the stomach, M. le Fort, in the case of a child with retroversion of the bladder, touched the orifices of the ureters with a little acetate of lead, and gave a dose of potassium iodide to the infant. In ten minutes after its ingestion a yellow color appeared on the openings of the ureters. This method may also be used to determine vesico vaginal fistula.—*Occidental Med. Times.*

USES OF NITRO-GLYCERINE.

Dr. Burroughs, in the *London Lancet*, sums up the uses of nitro-glycerine, from which he has derived much benefit in doses of one drop of a one per cent. solution in a number of different conditions. A patient with neuralgia of the heart (angina pectoris) was frequently

relieved of pain and dyspnoea by it. A young man who fainted during the dressing of his wound, was quickly restored by a drop upon the tongue. Anæmic headache was quickly relieved by it. One drop instantly cured pure spasmodic asthma in a workman, enabling him to resume his work at once. A patient with typhoid fever became delirious and extremely prostrated on the twenty-fourth day. His temperature fell, his pulse became slow and remittent. He refused to take brandy. One-fourth of a drop of nitro-glycerine (one per cent. solution) was given every fifteen minutes for two hours. The pulse became full and regular, the delirium subsided, and in twenty-four hours the mind was clear. In a case of acute alcoholism the patient was made worse by a single drop of nitro-glycerine solution. In cases of opium narcosis and of uremic coma, with feeble pulse, great benefit followed its use. In cases of apparent sudden death and drowning, nitro-glycerine dropped on the tongue, might start the heart to beating and restore the patient to life.

—*Maryland Med. Journal.*

CARDIAC THERAPEUTICS.

Dr. Patton (*N. Y. Med. Record*), publishes an address on the treatment of chronic conditions of heart disease. Patients suffering from stenosis of the aortic valves may exist for years without medical aid, until the hypertrophy of the left ventricle becomes excessive and is no longer able to perform the extra work. With regurgitation from insufficiency it is different, and, as a rule, treatment is necessary from the commencement of the disease. Where disease of the aortic valve is of rheumatic origin, patients do well on iodide of potash combined with bicarbonate of potash, iron, attention to the nutrition, with moderate exercise. Antipyrin has been tried as a remedy for angina pectoris. Elvy says it is to be avoided in true angina, because of its injurious effect on the heart muscle, and because of the danger of dilatation; but Prof. Sée says it is perfectly safe, and very efficient in gramme doses, one hour

apart, till four or five grammes are given, or hypodermically half a gramme in distilled water may be given. Galvanism is of benefit in some cases of neuralgia or angina of cardiac origin. Digitalis still maintains its place at the head of the list of cardiac tonics. Moderate doses show the pulsations, increase their force, fullness and regularity; the vascular tension is increased; the best effects are obtained after some days of administration, and may remain some time after ceasing the drug. The tincture is the best form to use to produce action on the heart, the infusion when stimulation of the kidneys is desired. The particular valvular lesion originating the trouble is of little import in determining the necessity for its use; the comparative amount of hypertrophy and dilatation, and the integrity of the muscular fibre, are the conditions which determine the indications or contra-indications for its employment. Fatty heart, or granulo-fatty degeneration of the muscular fibre are positive contra-indications, where the majority of the fibres have been subjected to this change. Whatever may be the direct method of its action, it is undoubtedly a fact that in strophanthus we have a useful cardiac tonic. It is very good in cases of œdema of the legs, congestion of the liver and internal organs, and in cases where the patient is unable to lie down to sleep on account of weak and irregular action of the heart.

—*London Med. Recorder.*

FACIAL NEURALGIA AND ALLIED NEUROSES.

Mr. Leslie, M.B. (*Edinburgh Med. Journal*), states that about three months ago he found he was able to arrest a very severe attack of supra-orbital neuralgia in a very short time by applying common salt to the nasal mucous membrane. During the last three months the author has been following up this method of treatment in cases of neuralgic headache, faceache, toothache, earache, etc., and has found that in nearly every case a rapid cure is obtained. Common table salt may be used by the patient as snuff, a pinch being taken

into the nostril of the affected side; but the best results have been obtained when the salt has been applied by means of an insufflator. In practice, the author charges a small insufflator with about four grains, and the patient is told to draw air up the nostril while the contents of the insufflator are injected. The application produces little pain or discomfort, and relief is speedy. The stimulation by chloride of sodium appears to induce in the nasal branches of the fifth nerve a form of nerve motion, which causes reflex inhibition of the pathological process in the nerves affected, inhibits the abnormal form of nerve-energy, of which the expression is pain, and replaces it by the normal form, of which the expression is not pain. Although a single application usually suffices for the immediate inhibition of neuralgia, especially when it is recent and localized in one branch of the fifth nerve, in other cases where the disease has been of long standing and of extensive distribution, it may be necessary to repeat the insufflation every half minute for about five minutes.

—*London Med. Recorder.*

ON THE CAUSES OF PERITONEAL ADHESIONS AFTER SURGICAL OPERATIONS, ETC.

To elucidate the nature of ileus following laparotomy Dembowski (*Archiv. f. klin. Chirurg.*, Band XXXVII) has made numerous experimental observations, with a view to ascertaining what mechanical or chemical agents cause peritoneal adhesions. The results were as follows:—

Suturing the omentum to the anterior parietes always caused its firm union to the parietal peritoneum along the line of incision within three or four days. The intestines never became adherent to the omentum. Introduction of a foreign body (a small piece of iodoform gauze) into the abdominal cavity in a position in which it could not become enclosed in omentum or intestinal coils (*i. e.* between the liver and the anterior parietes) resulted within a week in firm union to the parietal peritoneum with thickening of that covering the liver,

and its adhesion to the new-formed capsule around the foreign body. In the same way almost all sutures cause rapid firm union of the visceral to the parietal peritoneum along along their line of insertion, such sutures acting as foreign bodies. Similarly all burn cicatrices act as foreign bodies and cause adhesions, especially in cases where the visceral peritoneum is not moved in respiration or otherwise (as it is in the case of the liver). Iodoform introduced into the cavity does not set up adhesions even if collections of the powder remain for a time. Extravasated blood is rapidly absorbed, and does not give rise to adhesions. Antiseptic solutions also cause no union of the peritoneal surfaces. Wounds of the serous membrane, as produced by scarification, are always smoothly covered over without adhesions. Hence, only foreign bodies, ligatures, sutures, and burn cicatrices produce adhesions, whereas iodoform, blood-clots, antiseptic solutions, and peritoneal injuries have no such effect. Unfortunately these results assist us little in the prevention of adhesions, with their secondary troubles, after laparotomy. On the other hand, in cases (as in the securing of a removable kidney) where we wish to create adhesions Dembowski finds that the most effective method is to inject a sirupy solution of celloidin in equal parts of ether and alcohol. The solvent evaporates in a few seconds, and the remaining celloidin acts as a foreign body, which causes rapid and strong peritoneal adhesions.—*Med. Chronicle*.

CODEINE IN OVARIAN PAIN.

Dr. Freund, of Strassburg (*Therapeutische Monatshefte*) has recently used codeine in a large number of cases of abdominal pain from various causes, with the view of testing the assertions of Dr. Brunton that the drug is of especial use in intestinal or pelvic pain. His results seem to indicate that Brunton's views are somewhat exaggerated.

Pain from acute uterine affections, such as dysmenorrhœa, Freund found, was not as quickly relieved with codeine as with morphine, and the relief was of shorter duration. In pain from pelvic

exudates and tubal disease the drug was also of but little value. In ovarian pain, however, whether from prolapse, oöphoritis, perioöphoritis, or neuralgia, the relief afforded by codeine was prompt, unmistakable, and more or less permanent even when small doses were given. The amount usually administered was about half a grain three times daily in pill form, and in but few cases was it necessary to increase this quantity. His experience coincides with Brunton's that no disagreeable or harmful effects follow the use of the drug. It does not stupefy, diminish the appetite, nor constipate. He prescribes the pill for one month after an attack of ovarian pain, and warmly recommends the drug for the above conditions.—*Medical News*.

USE OF THE OBSTETRICAL FORCEPS.

Dr. James E. Reeves, of Chattanooga (*Southern Practitioner*), gives the following rules for their employment:

1. The os and cervix must be dilated or dilatable.
2. The patient must be in the dorsal position, with the hips resting on pillows over the edge of the bed, the rectum and bladder having been immediately emptied.
3. Never administer an anæsthetic, unless in a case of eclampsia, or where the head must be opened, and then the choice of chloroform or ether should depend entirely on the condition of the patient.
4. Traction should be made only during the maternal effort, or while the pain lasts, and, so soon as the expulsive effort is over, open the handles of the forceps and thus take off the pressure from the head, imitating and assisting nature.
5. When the perineum becomes distended and the scalp presents at the os externum, bring the handles of the forceps well up over the pubes, and remove the blades by reversing the order in which they were introduced—that is, remove the right blade first.
6. Use the long forceps for both the high and low operations.

THE CINCINNATI LANCET-CLINIC:

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Cincinnati, March 1. 1890.

The Week.

COLLEGE PRIZES.

A feature that is of interest in all the medical colleges is the institution of a system of prize gifts to the most proficient students. The members of the college faculties are usually—we may properly say always—anxious that their classes shall go from the benches as creditable representatives of their teaching as possible, and in order to stimulate the students to a fair degree of effort, prizes are offered for excellence and proficiency.

In a recent issue we took occasion to note the prize work in connection with Dr. Dawson's course in the Ohio Medical College. We are now pleased to note the annual "quiz" prize contest at the Miami Medical College in medical and surgical anatomy, which occurred this year on February 24. The examination was in charge of a committee of the Faculty, consisting of Profs. Langdon, Caldwell, Sayres and Mussey. There was a full attendance of the class, with a number of visitors, and after a spirited and closely con-

tested oral examination on the "spelling match plan," lasting about three hours, the prizes were awarded to the two last students on the floor; the first prize, a handsome set of antiseptic surgical instruments, being carried off by Mr. Eugene Heard, of Richmond, Ind. The second prize, an atlas of anatomical plates, was awarded to Mr. R. R. Hug-gins, of Harmar, O. These prizes, by the way, were offered personally by Dr. F. W. Langdon.

COLLEGE COMMENCEMENTS.

COMMENCEMENT EXERCISES OF THE
CINCINNATI COLLEGE OF MEDI-
CINE AND SURGERY.

The fifty-fifth annual commencement exercises of the Cincinnati College of Medicine and Surgery was held at the Scottish Rite Cathedral February 26. The stage, with the Faculty, graduating class and floral gifts, made a picture that will long live in the memories of the friends of the graduates who filled the Cathedral to witness and enjoy the commencement.

The following very interesting programme was rendered: Invocation, Rev. John J. Francis, D.D. Music—March, "Volunteer" (Metra). Report and remarks by the Dean, Professor R. C. S. Reed, A.M., M.D. Music—Selections, "Clover" (Suppe). Conferring of Degrees by the President of the Board of Trustees, Prof. George W. Harper, A.M. Music—Waltz, "Santiago" (Carbin). Faculty Address by Prof. W. E. Lewis, M.D. Music—Gavotte "Il 'pense" (Eilenberg). Class oration by J. F. Loomis, M.D. Music—Polka, "Said Pasha" (Stahl). Distribution of prizes. Music—Finale, "C. C." (Strauss). Music by Adam Weber's orchestra.

The most interesting event of the evening was the award of the general prizes, as up to the time that the names of the successful ones were read off only the Faculty knew who the winners

were. The award was as follows: First prize, gold medal—W. H. Shank, Ohio. Second prize, gold medal—M. T. Chadman, Pennsylvania. Third prize—J. Ingram Bonar, Kentucky. Honorable mention was made of A. F. Juettner, A. E. Kipp, E. B. Earhart, J. W. Davis, J. W. Kautz, J. F. Loomis, C. O. Ralston, G. I. Cullen, and Geo. H. Astler. The highest general average was 97.4 made by A. F. Juettner. The floral gifts were many and some very beautiful.

The following are the graduates: Geo. H. Astler, Ohio; J. Ingram Bonar, Kentucky; M. H. Campbell, Ohio; M. L. Chadman, Pennsylvania; G. P. Cullen, Ohio; W. J. Davis, Indiana; A. F. Durst, Kentucky; E. B. Earhart, Ohio; J. W. Estes, Kentucky; S. B. Grimes, Ohio; Charles L. Gritman, Washington; E. G. Hersh, Ohio; Joseph E. Peter, Indiana; A. F. Juettner, James W. Kautz, A. E. Kipp, Ohio; J. F. Loomis, Kentucky; Chas. McGill, West Virginia; H. D. Meek, Kentucky; A. J. Morgan, Tennessee; C. O. Ralston, John B. Scott, W. H. Shank, Ohio; J. C. Strong, Illinois; H. A. Williams, Kentucky; Chas. T. C. Wilson, Illinois; J. B. Wilson, Ohio.

THE REGULATION OF SLEEP.

Insomnia is rightly regarded as one of the marks of an overwrought or worried nervous system, and conversely we may take it that sound sleep lasting for a reasonable period, say from six to nine hours in the case of adults, is a fair test of nervous competence. Various accidental causes may temporarily interfere with sleep in the healthy; but still the rule holds good, and a normal brain reveals its condition by obedience to this daily rhythmic variation. Custom can do much to contract one's natural term of sleep, a fact of which we are constantly reminded in these days of high pressure; but the process is too artificial to be freely employed. Laborious days with scanty intervals of rest go far to secure all the needful conditions of insomnia. In allotting hours of sleep it is impossible to adopt any maxim or uniform custom. The due allowance varies with the individual.

Age, constitution, sex, fatigue, exercise, each has its share of influence. Young persons and hard workers naturally need and should have more sleep than those who neither grow nor labor. Women have by common consent been assigned a longer period of rest than men, and this argument, in the event of their doing hard work, is in strict accord with their generally lighter physical construction and recurrent infirmities. Absolute rule there is none, and it is of little moment to fix an exact average allowance provided the recurrence of sleep be regular, and its amount sufficient for the needs of a given person, so that fatigue does not result in such nerve prostration and irritability as to render healthy rest altogether impossible.—*London Lancet.*

THE following is Bulkley's antipruritic ointment: Gum camphor, chloral hydratis, of each one drachm. Mix and rub together until a liquid results, then add one ounce of ointment of rose water.

AN instantaneous remedy for lumbago is collodion, tincture of iodine, liquid ammonia, equal parts. To be applied widely over the parts with a camel's-hair brush.

—*Peoria Med. Monthly.*

ST. CLAIR and Pleasant Grove, Minnesota, advertise for physicians, the stringent laws of that state making the capable practitioner a scarce article.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending February 22, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	7	1					1					
2.....	1											
3.....												
4.....					1		2					
5.....		1					2					
6.....												
7.....												
8.....												
9.....			1		1							
10.....	1				1				2			
11.....					3							
12.....	1				1							
13.....		1					1	1				
14.....			1		1		2	1				
15.....					2		3	1				
16.....							1					
17.....												
18.....	1								1			
19.....					2		2	1				
20.....					2				1		1	
21.....							1	1			1	
22.....			1		1			3	1			
23.....							1					
24.....								1				
25.....			3				2					
26.....												
27.....	2				2							
28.....	6								1			
29.....												
30.....							2	1			2	
Cin. Hosp.												
Ger. Prot. Hosp.										1		
Totals	19	2	6		14	4	19	10	7	3	1	
Last week	20	1	1		22	2	36	7	2	2	1	

The following is the mortality report
for the week ending February 22, 1890.

Croup.....	1
Diphtheria.....	10
Measles.....	2
Typhoid Fever.....	7
Whooping Cough.....	4
Other Zymotic Diseases.....	3-21
Cancer.....	2
Phthisis Pulmonalis.....	17
Other Constitutional Diseases.....	2-21
Apoplexy.....	2
Bright's Disease.....	1

Bronchitis.....	16
Convulsions.....	6
Heart Disease.....	5
Liver Disease.....	2
Peritonitis.....	1
Pneumonia.....	20
Other Local Diseases.....	19-72
Old Age.....	4
Other Developmental Diseases.....	9-13
Suicidal.....	1

Deaths from all Causes.....	134
Annual Death-rate per 1,000.....	21.40
Deaths for corresponding week in 1889....	103
Deaths for corresponding week in 1888....	125

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Reports to the Ohio State Board of
Health from 20 observers for the week
ending February 21, 1890.

Form of Disease. In the order of preva- lency.	No. who re- port cases.	No. of cases reported.	REMARKS.
			Infectious Dis- eases as reported to health officers in 60 cities and villages during the week ending February 21, 1890:
Tonsillitis.....	11	30	Diphtheria: Co- lumbus, 5 cases, 2 deaths; Cleveland, 1890:
Bronchitis, acute..	10	63	
Pneumonia.....	10	19	
Diarrhoea.....	8	18	
Rheumatism, acute.	5	7	
Intermittent Fever..	4	8	
Measles.....	3	8	
Dysentery.....	3	6	
Whooping-Cough..	2	9	
Diphtheria.....	2	3	
Scarlet Fever.....	2	3	Zanesville, 7 cases, 3 deaths; Lima, 3 cases, 1 death; To- ledo, in 9 places, 5 deaths; Springfield, 3 cases; 2 cases each in Dayton, Piqua, and Mans- field; 1 case each in Youngstown, Bucy- rus, Nashport, and Oak Harbor. Scarlet Fever: To- ledo, in 4 places; Cleveland, 29 cases, 1 death; Youngs- town, 8 cases; Geneva, 4 cases; 3 cases each in Columbus, New Straitsville, Springfield; 2 cases each in Bucyrus, Dayton, and Fostoria; 1 case each in Zanesville, Uhricsville, Ravenna, Crest- line, Urbana, Piqua, Defiance, Chester Hill, Springboro, and West Cleveland.
Remittent Fever ..	2	2	
Consumption, pul..	2	2	
Erysipelas.....	1	2	
Pleurisy.....	1	1	
Typhoid Fever.....	0	0	
Cerebro-spin. Men.	0	0	
Puerperal Fever..	0	0	
Typho-Mal. Fever..	0	0	
Cholera Morbus....	0	0	
Croup, membranous.	0	0	Typhoid Fever: Cleveland, 1 death; Millers- burg, 2 cases; Fostoria, 3 cases; Wadsworth, 1 case.
Cholera Infantum ..	0	0	

No infectious diseases reported from the fol-
lowing places: Kirkwood, Felicity, Brookfield,
Miami Tp. (Logan Co.), Garrettsville, Smith-
ville, New London, Edison, Rawson, Cedarville,
Arcanum, Dalton, Revely, Ironton, Wooster,
Carthage, Wabash Tp. (Darke Co.), Painesville,

Pike Tp. (Stark Co.), Kent, Norwalk, Wellston, and Salem.

C. O. PROBST, M.D., Secretary.

MISCELLANY.

CONCLUSION OF THE HYDERABAD CHLOROFORM COMMISSION.

In the *Lancet* of January 18, was published the text of the report of the Hyderabad Chloroform Commission, which comprises Messrs. Edward Lawrie, T. Lauder Brunton, G. Bomford, Rustomji D. Hakim, and Edward Lawrie, sen.

The following are the practical conclusions which the Commission think may fairly be deduced from the experiments recorded in this report:—

I. The recumbent position on the back and absolute freedom of respiration are essential.

II. If during an operation the recumbent position on the back cannot, from any cause, be maintained during chloroform administration, the utmost attention to the respiration is necessary to prevent asphyxia or an overdose. If there is any doubt whatever about the state of respiration, the patient should be at once restored to the recumbent position on the back.

III. To ensure absolute freedom of respiration, tight clothing of every kind, either on the neck, chest or abdomen, is to be strictly avoided, and no assistants or bystanders should be allowed to exert pressure on any part of the patient's thorax or abdomen, even though the patient be struggling violently. If struggling does occur, it is always possible to hold the patient down by pressure on the shoulders, pelvis, or legs, without doing anything which can by any possibility interfere with the free movements of respiration.

IV. An apparatus is not essential, and ought not to be used, as, being made to fit the face, it must tend to produce a certain amount of asphyxia. Moreover, it is apt to take up part of the attention which is required elsewhere. In short, no matter how it is made, it introduces an element of danger into the administration. A

convenient form of inhaler is an open cone or cap, with a little absorbent cotton inside at the apex.

V. At the commencement of inhalation care should be taken, by not holding the cap too close over the mouth and nose, to avoid exciting, struggling, or holding the breath. If struggling or holding the breath do occur great care is necessary to avoid an overdose during the deep inspirations which follow. When quiet breathing is ensured, as the patient begins to go over, there is no reason why the inhaler should not be applied close to the face; and all that is then necessary is to watch the cornea and see that the respiration is not interfered with.

VI. In children, crying ensures free admission of chloroform into the lungs; but as struggling and holding the breath can hardly be avoided, and one or two whiffs of chloroform may be sufficient to produce complete insensibility, they should always be allowed to inhale a little fresh air during the first deep inspirations which follow. In any struggling persons, but especially in children, it is essential to remove the inhaler after the first or second deep inspiration, as enough chloroform may have been inhaled to produce deep anæsthesia, and this may only appear, or may deepen, after the chloroform is stopped. Struggling is best avoided in adults by making them blow out hard after each inspiration during the inhalation.

VII. The patient is, as a rule, anæsthetized and ready for the operation to be commenced, when unconscious winking is no longer produced by touching the surface of the eye with the tip of the finger. The anæsthetic should never under any circumstances be pushed till the respiration stops; but when once the cornea is insensitive, the patient should be kept gently under by occasional inhalations, and not be allowed to come out and renew the stage of struggling and resistance.

VIII. As a rule, no operation should be commenced until the patient is fully under the influence of the anæsthetic, so as to avoid all chance of death from surgical shock or fright.

IX. The administrator should be

guided as to the effect entirely by the respiration. His only object, while producing anæsthesia, is to see that the respiration is not interfered with.

X. If possible, the patient's chest and abdomen should be exposed during chloroform inhalation, so that the respiratory movements can be seen by the administrator. If anything interferes with the respiration in any way, however slightly, even if this occurs at the very commencement of the administration, if breath is held, or if there is stertor, the inhalation should be stopped until the breathing is natural again. This may sometimes create delay and inconvenience with inexperienced administrators, but experience will make any administrator so familiar with the respiratory functions under chloroform that he will in a short time know almost by intuition whether anything is going wrong, and be able to put it right without delay, before any danger arises.

XI. If the breathing becomes embarrassed, the lower jaw should be pulled, or pushed from behind the angles, forward, so that the lower teeth protrude in front of the upper. This raises the epiglottis and frees the larynx. At the same time it is well to assist the respiration artificially until the embarrassment passes off.

XII. If by any accident the respiration stops, artificial respiration should be commenced at once, while an assistant lowers the head and draws forward the tongue with catch-forceps, by Howard's method, assisted by compression and relaxation of the thoracic walls. Artificial respiration should be continued until there is no doubt whatever that natural respiration is completely re-established.

XIII. A small dose of morphia may be injected subcutaneously before chloroform inhalation, as it helps to keep the patient in a state of anæsthesia in prolonged operations. There is nothing to show that atropine does any good in connection with the administration of chloroform, and it may do a very great deal of harm.

XIV. Alcohol may be given with advantage before operations under chloroform, provided it does not cause ex-

citement, and merely has the effect of giving a patient confidence and steadying the circulation.

The Commission has no doubt whatever that, if the above rules be followed, chloroform may be given in any case requiring an operation, with perfect ease and absolute safety, so as to do good without the risk of evil.

— *London Medical Recorder.*

THE BEAUTY OF SCROFULA.

Notwithstanding recent scientific advances, many interesting problems remain to be worked out by the student of evolution, especially in their application to civilized man. Some of these investigations are of the utmost importance to the future welfare of the community, while others, again, do not appear likely to lead to any immediate practical issue. The discovery of the Darwinian principle of the origin of life from simpler forms has thrown a flood of light upon many hitherto obscure points in biology and in disease. The anatomist now sees the drift and meaning of functionless structures, for example, how the coraco-acromial ligament of man is the relic of a distinct bone in some remote ancestor lower down in the vertebrate scale. The pathologist is able to refer numerous deformities and not a few tumors to reversion in type, and lately it has been suggested that certain constitutional conditions, such as gout, may also be reversionary. Other points, however, to which the circumstances of practice must at one time or the other have drawn the attention of most medical men, have hitherto baffled inquiry. Scrofula is a subject of this kind. It is an affection that obtrudes itself into all classes of practice, and the fair face of the scrofulous patient is as familiar in the consultant's waiting-room as the fine eyes of children similiary affected are seen every day upon the operating table at the hospital. Why are scrofulous people beautiful, and why are they prolific? Granting for the purpose of the argument, as may readily be done, that both the conditions mentioned are present, it will be found these questions

are by no means easy to answer. Most people will at once admit that patients thus affected often show much attractiveness of face and form. The delicate skin, the drooping eyelashes and beautiful eyes, the abundant hair, and the finely cut features, are details of the picture. At the same time it is perfectly true that much of our admiration may arise from a false standard of taste, slowly acquired through long ages, so that an Eastern, for instance, might regard our choice in these respects as a species of mental aberration. On other grounds it might be argued that real beauty cannot exist apart from health, and that the pallor of scrofula, however "interesting," should at once exclude its owner from any formal competition in the lists of female loveliness. Be that as it may, it is an undoubted fact that many young people, cursed by this dread inheritance, and doomed to die before the age of thirty, often attain a very considerable attractiveness of appearance. There is nothing in the idiosyncrasy itself to explain the fact, and the other influence that suggests itself as bearing a possible explanation is sexual selection. It seems hardly in accordance, however, with the generally wise laws of Providence, that these individuals should be made specially attractive merely that they might procreate a race foredoomed to early extinction. Besides, we have it stated on good authority that sexual selection has little to do in determining such conditions. Dr. Harry Campbell somewhere remarks that "sexual selection plays, comparatively speaking, a very inferior part in moulding civilized man." So that the action of laws dependent on the reproductive instinct does not sufficiently account for the qualities under discussion. It may be argued, with some show of reason, that people of the scrofulous type are usually amiable and attractive, pleasing both in mind and in body, so that their marriages are likely to be prompted by motives of pure affection, and their children to be beautiful. Whatever the real explanation may be, it is tolerably certain to be of a complex nature, and the same remark may be made of the other property

of fecundity, also assumed, for the purpose of this article, to be characteristic of the scrofulous. Into the merit of the whole case it would be impossible to enter here at any length. Something may be said, however, of the way in which the artificial conditions of civilized life tend to foster the victims of disease, and so to weaken the sum of the national bone and sinew. By a series of organized charities humane people do everything in their power to counteract the adverse conditions that kill out the weaklings in the struggle for existence. In this way the scrofulous, among others, are fed, housed, and sheltered generally from the fierceness of the world's battle. The shrewd, and, indeed, often precocious intellects possessed by many of these folk give them a further advantage in the life struggle. Unfortunately there is no law to prevent them from marrying, so that the community is being constantly burdened with their offspring. A far-off philosophic future may one day decree that no marriage shall be allowed to take place where there is any likelihood that the resulting children will be thrown on the public for support as criminals, lunatics, or paupers. However, such an extreme conclusion of practical philosophy is not likely to be arrived at for the next few centuries, and in the meantime we are likely to go on bolstering up the weaklings, so that their days may be lengthened in the land, and they may have every opportunity of perpetuating their species. There is some consolation to those hopeful for the future of mankind that the weeds are bound to die out after a few generations, but let it be remembered at what a cost to the individual in suffering, and to the commonwealth in hard coin of the realm. There is some amount of further satisfaction to be gathered from the fact that improved surgical methods have done wonders in the modern treatment of scrofulous affections. Diseased glands are now excised, and joints laid open at an early stage with the utmost confidence and success, so that the patient is spared the long exposure to the poisons generated in the chronic degeneration of inflammatory products.

Most of these advances have been made possible only by antiseptics, and the modern history of the surgical treatment of scrofula has added a brilliant page to the nineteenth-century record of the healing art.—*Med. Press and Circular*.

POISONING BY WATER GAS.

Dr. Stevenson's report on the two fatal cases of poisoning by water gas at Leeds has recently been published. He found that the viscera and blood remained long free from putrefaction, and that the blood retained for nearly a month the rosy hue observed at the *post-mortem* examination. The quantity of gas in the blood was estimated by an examination of that in the right auricle in one case, and was found to be equivalent to 0.03 per cent. by weight. Blood pigment charged with carbonic oxide was found in the urine and contents of the stomach in both cases, and in the fluid taken from the pericardium in one case, and from the pleura in the other. Carbonic oxide is, as Dr. Stevenson says, a deadly gas; its effects are insidious, because it is colorless, destitute of odor, and does not irritate the air passages, but rather acts as a narcotic, so that it may be breathed without any alarm being excited in the victim. One of the effects is to cause a loss of the power of movement and even of desire to make any exertion; it kills by a special kind of suffocation even when present in very small quantity. The carbonic oxide combines with the hæmoglobin, forming a fixed compound incapable of taking up oxygen from the air. The result, therefore, of breathing this gas is that the hæmoglobin is gradually converted into a useless substance incapable of carrying oxygen from the lungs to the tissues, and these in the end become as effectually deprived of oxygen as if the air passages were blocked up. Under such circumstances, removal into fresh air and the usual restorative measures for suffocation by gases are of no avail. He concludes that it is manifest that the want of odor, absence of irritating effect, the soothing or narcotizing in-

fluence which it exerts, and the property of the hæmoglobin of the blood to pick out, as it were, minute quantities of carbonic oxide from the atmosphere in preference to oxygen, and the consequent rendering of the hæmoglobin incompetent to act as a carrier of oxygen from the lungs to the tissues, all combine to render carbonic oxide an insidiously deadly gas. One-tenth per cent. of carbonic oxide gas in an atmosphere is dangerous.

—*British Med. Journal*.

CORRECT OFFICIAL INSTRUCTIONS AS TO DISINFECTION WITH SULPHUR.

The Kentucky State Board of Health has put forth a circular about contagious disease prevention, which is the first, within our knowledge, that instructs the people how to thoroughly disinfect the sick-chamber, after the recovery or death, or removal of the patient. The circular in question is issued with the intent to prevent diphtheria, that disease having been unusually prevalent in many sections of the State. Its teachings with regard to the rigid observance of the known modern requirements as to fumigations with sulphur are much more accurate than the average board of health directors. They, of course, apply to other communicable diseases besides diphtheria. They are in effect the teachings of the report of three years ago, prepared by Dr. G. M. Sternberg and his associates on the special committee to the American Public Health Association. In that report the injunction is frequently given that all fumigations by sulphur shall be done "in the presence of moisture." As will be seen in the paragraph given below, from the new Kentucky circular, this "moisture" is sought to be provided for by the dampening of the contents of the chamber that is to be cleansed. This circular directs the following procedure:

"To disinfect the room, proceed as follows: Arrange the contents of the room so as to expose the greatest amount of surface to the action of the disinfectant. Close the apartment as completely as possible, stopping all openings, as

chimney flues, key-holes, etc., through which the gas might escape. *Thoroughly dampen the floor, walls and furniture.* For a room ten feet square use three three pounds of sulphur, moistened with alcohol, in an iron pan placed in a tub containing a few inches of water, to avoid danger from fire. When certain the sulphur is burning well, leave the room, close the door and allow the room to remain tightly closed for ten or twelve hours. Afterward the room should be thoroughly ventilated for several hours, and then the floor and ledges over windows and doors, and other places likely to retain dust should be washed with the chloride solution and then with soap and hot water. The house and premises generally should be put in the cleanest and best condition possible."

Whether this method is the best and whether it is free from objection, time will demonstrate. There may possibly result from it some bleaching of colored articles by the action of nascent oxygen, liable to be generated when the sulphur dioxide comes in contact with wetted goods, and there may be some minor damage beside. We are aware that the method recommended by Dr. E. R. Squibb, cited on page 448 of the current volume of this journal, calls for a larger amount of "moisture" and directs that it be present in a different form, namely: as vapor of water, produced by boiling, within the apartment. while the fumes of sulphur are in process of liberation. The experience of a hundred health officers and others has demonstrated, as we believe beyond the peradventure of a doubt, that sulphur has an efficiency excelled by few, if any, of our utilizable chemicals, and it is very much to be hoped that its position as a disinfectant may be strengthened by the adoption of right methods of employing it. For this reason, if for none other, we would call the attention of all those who have considerable dealings with contagious diseases to the new circular of the Kentucky Board of Health, as an improvement upon those which have been disseminated by our authorities during recent years.

—*Four. of Am. Med. Association.*

Translations.

DIFFERENT POSTURES.

[Extracts from the Feuilleton of the *Journal de Medecine de Paris.*]

TRANSLATED BY T. C. M.

The positions we desire to study are not, properly speaking, social nor obstetrical, and, meantime, it is not impossible to establish between these different species a certain analogy. In one of his recent articles, Dr. Badour touches lightly but with much grace on this subject. Ah! 'tis sad to think that humanity, at certain moments, is obliged to bend itself; but how must we obey nature and hygiene, "that is the question." Our very honorable *confrère* believes instead of sitting it is preferable to squat. "Because," says he, "neither you nor I would agree to sit on a common seat, which, even although it might appear clean, would still remain suspected of purulence or vermin." Now, we think that, aside from the question of repugnance, there are good physiological reasons in favor of this opinion, and the discussion of privies and water-closets is a very interesting topic.

Let us see in what the act of defecation consists: Two sphincters preside over the same act: in one the fibres act independent of the will, this is the internal one; in the other and more powerful sphincter—the one with the striated fibres, the external one, the elevating one that raises the anus when this muscle is paralyzed by fear—the question of position makes no particular difference, it is rather a question of a clean seat to one's pantaloons; when it dilates and contracts, the fecal matter has a certain density when the sphincter painfully expels it.

In times past, Astruc pretended that the rectum alone was responsible for the defecating act, which led Pitcairn to observe: "*Credo Astrucium nunquam cacasse.*" It is a well-established fact to-day that the effort of defecation consists in the closing of the larynx at the same time as the contraction of the

muscles of the diaphragm, abdomen, and perineum occur. Now, physiologically speaking, it cannot be doubted that the squatting position is by far the best to satisfy these conditions—in fact, the more complete separation of all the circumjacent parts and the compression of the abdomen by the pressure of the thighs upon the pelvis, results in the contraction of the internal obturator by reason of the connection of the external face of this muscle above with the elevator of the anus, a more complete action than that of the latter.

Besides, we have a greater power of propulsion, that is to say, by reason of the abdominal walls; and a better arrangement for expulsion, thanks to the contraction of the elevator muscle that contracts and dilates by turn the anus: here are the two great advantages of the squatting posture. It is true that there are some individuals of enormous abdominal proportions who might find the squatting posture very uncomfortable and painful. "In such cases," says Paul Bert, "the patient can still squat forwards, with his hands upon his knees and lowering his head, will triumph over all resistance, no matter how obstinate his constipation." This inclination of the body forwards that we assume in a sitting posture in order to bring the axis of the body in the direction of the rectum and to compress the abdomen by the curvature of the lumbar region, this inclination, we insist, has a tendency to provoke congestion of the encephalic organs, and is injurious.

Animals in general that defecate hard substances always squat, as, for instance, notice cats and dogs. On the contrary, animals whose excrement is comparatively soft defecate standing. Defecation is an act requiring an expulsive force in the same proportionate degree as regards the consistency and volume of the feces.

We all know that constipation is usually the result of forgetfulness, frequently renewed, as to a regular hour for defecation; by going to stool at the same hour each day the bowels act regularly and normally. It is unques-

tionably true that a certain number of cases of constipation are due to the fact that, once on the water closet seat the efforts made to expel the feculent mass are insufficient, and, after fruitless attempts, the work is delayed until some future moment when the sensibility of the rectum will respond to the attempts of Nature to relieve itself. Women frequently remain seated for a long time, as the defecating act is often difficult with them, and Trousseau has advised to "remain on the water-closet seat for a sufficiently long time to make strong defecating efforts"; these last can always be easily accomplished by assuming the natural squatting posture.

I leave to Pantagruelists the question of studying if the fact of sitting on common seats is not a cause of much contagion from certain maladies, and also leave to them the discussion of the best methods to be employed to avoid such inconvenience. We have two objections to make to defecating in a sitting posture: 1st. The genital organs may touch the framework and some virulent disease may be transmitted. 2d. When the skin of the posterior portion of the thighs and hips is placed upon a seat used by a crowd of individuals we see numerous instances of repugnant skin diseases, body lice, and crabs developed. We have no opinion to emit on the different varieties and styles of water-closets, but we must insist that the English water-closet system, named after the hero of Waterloo, is no credit to its nationality. What remedy do we advise?

Man is always ready to squat when he is young and supple, so that all boarding houses, and barracks, and schools should have drop holes connecting with their sewer. When a man grows too fat and very old, he can console himself with the verses from *Vatout*:

*Cette garde robe modeste
Me suffit et remplit mes vœux;
Fasse le ciel qu'elle me reste
Et je serai toujours heureux.*

Yes, the old-fashioned chair with a hole in its bottom is the height of comfort when built at an angle, and fulfils

many of the conditions demanded by old age.

Women are not apt to adopt the primitive squatting method for fear of soiling their underclothes. Women run the dangerous risks of using a *pot de chambre*, which often breaks and cuts the user. We have several times seen frightful cases of hemorrhage following; in one instance the broken china inflicted a wound of almost three centimetres and cut an artery, the wound requiring three months' treatment.

If the sitting posture is to be preferred to that of squatting, what shall we say of the dorsal decubitus? The reflex phenomenon that provokes the sensation of going to stool may, without doubt, produce, when the patients have an anus of an abnormal character, a regular action of the bowels; but there are even exceptions to this rule, where patients suffering from constipation must use a syringe for injection purposes regularly.

Finally, we think that the squatting posture should be assumed by all whose tendency is to constipation and whose feces are solid. Many hernias might be avoided if persons suffering from obstinate constipation were to use the squatting posture instead of using the ordinary English water-closet.

THE NATURE OF CASEOUS CATARRH.

Until the present time the pathology of caseous catarrh has been quite unknown. Of the theories that have been held, the following only are of any worth: butyrous cysts of the maxillary sinus (Potiquet); the accumulation of exfoliated epithelium due to nasal erysipelas (Duplay); the theory of Cozzolino, that it is due to scrofula, etc., etc.

M. Bories has examined with care a case of caseous catarrh, and concludes that it is the degenerative softening or necrosis of a polypous mass compressed within the nasal fossa. An analysis of the published observations appears to support this view. Very often, indeed, the authors have noted the coincidence of polyps and the caseous catarrh. In the case reported,

M. Bories at first removed, from one nasal fossa of his patient, a polypous mass, behind which he encountered a caseous mass, so large as to measure almost a tumblerful. As in the case of Périer, this substance was composed in part of small cells and meshed fibres resembling those which enter into the structure of polyps. The other portion, in one case, had the appearance of a slightly caseous polyp; in another, on the surface of two polyps, a mass was discovered which had the form of a smooth plate, apparently caseous, the anterior polyps which escaped pressure having not become caseous.

It is therefore the opinion of M. Bories, that caseous catarrh should not hold a separate place in pathology, but should be made a prominent point in the study of rhinoliths, ozena and polyps. —Report of French Surgical Congress, in *Le Progrès Médical*. J. M. F.

IODINE IN VOMITING.

Dr. Frederick Taylor, in a letter apropos of the use of iodine to check vomiting, says he has often found it of the greatest service in the vomiting of Bright's disease, in cerebral vomiting, in the vomiting of migraine and after chloroform and in gastric disease. The value of iodine in this respect was pointed out as far back as 1883 by Dr. Gaunt, of New York, and it was the perusal of this article that induced Dr. Taylor to give it a trial. There are of course cases in which it does not succeed, but it may nevertheless prove a valuable addition to our means of treating cases of this kind. The dose is from three to five minims of the compound tincture of iodine given at intervals of fifteen minutes.

—*Med. Press and Circular*.

DR. FARNIER has discovered that the salts of copper do not possess the poisonous properties formerly attributed to them. Hands immersed in a solution of sulphate of copper, although they retained the sense of touch, became insensible to pricks of a needle, or cuts of an instrument.

Bibliography.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, at its Ninety-first Annual Session, held at Baltimore, Md., April, 1889.

Baltimore: Press of John B. Kurtz, 1889.

It is rare indeed, that so much of supreme value is concentrated into the narrow limits of an annual report like the present one.

To give the report anything like the notice it merits, would require many times the space at our disposal.

A TREATISE ON FRACTURES.

By PROF. ARMAND DESPRÉS, Surgeon of Charity Hospital. Member of the Society of Surgery, of the Anatomical Society, etc. Translated by E. P. HURD, M.D., etc., 1890. Geo. S. Davis. Price 25¢.; in cloth 50¢.

This monograph is designed to be purely practical. Dealing with only a selected number of the more important

fractures, but a single method of treatment is in most instances prescribed, a method which the author has found most successful in his own practice.

Enclosed in brackets are occasional additions to the text by the translator, which in some instances prove a substitution of quite a different, and better (because American) plan of treatment. The book is a member of the Physician's Leisure Library, Series IV. J.M.F.

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Annual election of officers will take place Monday evening, March 3.

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, March 4: Discussion on "Relation of Rheumatism to Hemorrhage" opened by DR. WM. CARSON; DR. CARSON will also report on "Typhoid Fever and Chronic Bright's Disease."

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILI, M.D., Edin.

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Whole Volume LXIII.

Original Articles.

PRE-COLUMBIAN SYPHILIS IN THE WESTERN HEMI- SPHERE.

BY
GUST. BRÜHL, M.D.
CINCINNATI.

(ARTICLE II.)

Since I published my first article on "Pre-Columbian Syphilis in the Western Hemisphere,"⁽¹⁾ Professor J. P. MacLean has written a reply in the *St. Louis American Medical Journal*,⁽²⁾ reiterating the utterances of Clavigero⁽³⁾ and directly blaming the Spaniards for having brought over the disease to America. Judge of my surprise in comparing this charge with the statement contained in the writer's work on the "Mound-Builders,"⁽⁴⁾ where he concedes that the loathsome disease had crept in among this race, and that he had seen marks of it on a Mound-builder's skeleton. In view of this miraculous conversion, I will adduce additional evidence for my side of the question.

One of the most prolific witnesses on the subject is Sahagun, who came to New Spain eight years after the conquest of the capital. Every scholar who knows the great zeal and care with which he collected the material for his "Historia general de Nueva España" from the principal men of Tepeapulco, Tlatelulco and Mexico, all

very well versed in the art of deciphering the ancient paintings, places him amongst the most trustworthy and reliable authorities.⁽¹⁾

In speaking of the places whither the dead go, and of the different ways in which their bodies were disposed of, he mentions among others those afflicted with syphilis as going to Tlalocan and being interred, whilst those who died a natural death were cremated and went to the realms of Mictlantecutli.⁽²⁾ In this statement Sahagun is supported not alone by Fray H. Roman, Mendieta and Torquemada, but, what is of the greatest importance, also by the interpreter of the "Codex Vaticanus," a collection of picture writings treating of the mythology, history and customs of the Mexicans prior to the conquest.⁽³⁾

But in like manner as the syphilitic were not honored with cremation, so they were not deemed worthy for religious sacrifices. In describing the slave markets of Azcaputzalco and Jzocan, Duran mentions expressly that slaves affected with this disease were not bought for that purpose.⁽⁴⁾

At the festival of Atamalqualitzli, celebrated every eight years, it was the custom to dance around the statue of Tlaloc. The performers were masked as animals, birds, laborers and sick

1 Hist. general de las Cosas de Nueva España, Prologo pag iii, iv, Fd. Bustamante.

2 O.c., I, 260, 264-5. Appendice lib. III, Cap. I, II.

3 Fr. H. Roman, seg. Parte de las repúblicas del mundo, lib. III, fol. 412.—Ger. Mendieta, Historia eclesiástica Indiana, edic. Jcazbalceta, 164.—Juan de Torquemada, Monarchia Indian., II, 529, lib. xiii, cap. 48.—Kingsborough, Antiquit. of Mexico, V, 200, II, Tav. 79.

4 Hist. de las Indias de Nueva España, edic. Mendoza, II, 220.

1 Cincinnati LANCET AND CLINIC, May 29, 1880.

2 Vol. xii, No. 8, August, 1884.

3 Storia antica del Messico, IV, 326.—Diss. IX, § 4.

4 Page 146.

men. Among the latter the syphilitic and lepers are specially mentioned.⁽¹⁾

Concerning the etiology, the Mexicans, superstitious as they were, considered syphilis as a punishment of the gods for neglecting to perform certain religious rites. At the annual festival of Pachtontli every one was bound to take previously a bath, in order to obtain forgiveness for his minor sins committed in the preceding year. Those who neglected this sacred duty were threatened by the priests with the visitation of syphilis and contagious diseases from the gods.⁽²⁾

But it was particularly that all-powerful god, Tezcatlipoca, the giver not only of wealth and the necessities of life, but also of diseases, who poured the vials of his wrath upon lustful men, by severely punishing them with syphilis and other loathsome diseases, for defiantly cohabiting with women during the fasts preceding all religious festivals.⁽³⁾ The women were chastised for like transgressions by Xochiquetzal, the patron deity of the seamstresses and female artists. For although she allured them to carnal pleasures, she afflicted them, as a token of her revenge, with syphilis and contagious diseases, if they broke the fast and tolerated the embraces of men during the festival of Xicomexuchitl.⁽⁴⁾

In spite of these superstitious ideas, the Mexicans were more enlightened on the true etiology of syphilis than many of the European physicians when it for the first time spread like a wildfire through the old continent. For whilst these attributed it to astral and climatic influences, the Mexicans at least had recognized that sexual intercourse was a *sine qua non* for its acquirement. They even distinguished three different forms: a grave form with ulcers, called tlacaolnanahuatl;⁽⁵⁾ a milder form with pain in limbs and bones, but without an eruption in the face, called tecpilnanahuatl;⁽⁶⁾ and a third form, teuitz-

nanahuatl, which, according to the etymology seems to refer to condylomata of a specific character.⁽¹⁾

The internal remedies employed for these ailments were tletlemaitl, michivauhtli, tlatlapanaltic, and quauhtepatl; the external remedies applied to the sores, copper-filings and powdered tlaquequetzal.⁽²⁾

As all these customs, religious rites, superstitions, and everything that has been said of syphilis, relate to the Mexicans proper, I will add some evidence concerning a Nahua tribe outside of the valley. Gabriel de Chaves states in his report on Mezquitlan, a province situated to the northeast of the capital, that the prevailing disease amongst the natives was syphilis, which they cured by hot baths and a decoction of sarsaparilla, an herb growing abundantly in the mountains.⁽³⁾

That the disease was known to the inhabitants of the Antilles is evident from the report of Fray Roman Pane, incorporated in the "Life of Christopher Columbus by his Son Fernando." * In speaking of the origin, customs, and idolatry of the Haytians, as related by themselves, the friar states that one of their gods, Guahagiona, had enjoyed in his rambles through the sea the embraces of a beautiful maiden. Coming to the shore he afterwards discovered to his great consternation that he was afflicted with syphilitic sores, and he had to hide in a cavern to be cured of the ugly results of his misplaced confidence.⁽⁴⁾ This testimony is the more important, since it corroborates what the Indians confessed to Las Casas, quoted in my former paper. I refer to it here again, because Prof. MacLean insinuates that the manuscript of the worthy Bishop, while lying on the shelves, may have been tampered with, and intimates that the Indians may have intentionally distorted the truth, as it is a well-known trait of

1 Sahagun, o.c. I, 196.

2 Duran, o.c. II, 196.

3 Sahagun, o.c. I, 241-2. 4 O.c. I, 287.

5 From *tlacaoln*, to eat immeasurably.

6 The syphilis of the nobles, from *tecpilli*, hidalgo, noble.

1 Teuitznahuatl, derived from *teuitzlla*, a place of sharp-pointed stones—Sahagun, o.c. III, 100.—Molina, Vocabulario, fol. 22.

2 Sahagun, l.c.

3 Docum. inédit. Arch. de Indias, IV, 549.

4 Vita di Crist. Colombo descritta da Fernando suo figlio; nuova Ediz. Londra, 1867. Pp. 186, 189.

their character to conform their answers to the desire of the interlocutor. Any one who reads the nineteenth chapter of the "Apologetica Historia" will conceive that no interpolation can have taken place. Besides, we know very well that Las Casas, the friend of the Indians, would have been too glad to have heard a contrary statement from his wards. At the time when he preached the gospel amongst them they were simple children of nature and yet unaccustomed to say anything but the truth.

As to the Indians of the Isthmus, I could quote many passages from Oviedo to show that they were equally affected with the disease as their more northern brethren. But as it is fashionable to discredit his accounts, I will pass them over, the more so as they are not necessary for my argument. In regard to Peru, I have cited the testimony of Cieza de Leon, a contemporary of the conquest, but there is other evidence which I will give hereafter.

Professor MacLean seems to believe that he can overthrow the testimony of the early writers by quoting Clavigero and Ulloa, authors who wrote in the middle and latter part of the last century, almost three hundred years after the discovery of our continent. But what do they state? "Among the inhabitants of the Antilles," the former remarks, "the contagion is less frequent than among the people in Europe, and seldom appears but where there is a great concourse of soldiers and seamen. In the capital of Mexico some whites and Indians are affected with the venereal disorder, but very few in proportion to the number of the inhabitants. In other great cities of this vast kingdom the contagion is extremely rare, and in some it is hardly known."

"As to the provinces of Peru and Quito," Ulloa says, "that, although the venereal distemper is common among the whites, it is very rare to see an Indian infected by it."⁽¹⁾

It is evident from these quotations

that both speak of their own period, not of pre-Columbian times. Hence their testimony cannot seriously affect our argument. But, at any rate, we have a right to inquire where they obtained their information. Clavigero was a good historian and professor of philosophy in the colleges of his order; Ulloa a great mathematician and mariner. Both lacked medical knowledge and came hardly in contact with the Indians. They had to rely on the statement of physicians in regard to this matter. But how could the latter give information about the frequency of the disease. It is a known fact, and even conceded by Ulloa,⁽¹⁾ that the Indians when sick never call on a practitioner for medical advice.

Hence the reports of Clavigero and Ulloa are unreliable. Indeed, the early missionaries, who had frequent intercourse with the natives, tell a different tale. Mendieta, a contemporary of Sahagun, speaks of syphilis as a common disease amongst the Indians of New Spain.⁽²⁾ As early as 1540 the Council of the Indies, being convinced of the necessity of such a benevolent institution, appropriated the rents from the Indian pueblo of Ocoytuco for the maintenance of a hospital for the care of the poor and the syphilitic, an institution founded by Bishop Zumarraga, so unjustly cursed as the Omar of the Occident.⁽³⁾

As to Peru, I find in the "Relacion de la Ciudad de Guamanga y sus terminos por Piedro de Rivero y Antonio de Chaves" that there existed in the neighborhood of that city two hot springs which were frequented both by Spaniards and Indians for the cure of syphilis. Since the Indians of Mexico and Meztitlan used likewise hot baths for the same purpose, it is not very probable that the natives of Peru learned the use of these springs from their conquerors; but it is more likely that the latter profited by the example of the former.

At any rate, these quotations of the early writers show that the disease

¹ Clavigero, o.c. IV, 326-7.—Ulloa, Voyage hist. de la Amérique merid., I, 349. *Idem* Noticias Americanas, 202.

¹ Notic. Americ., 207.

² Histor. ecles. Ind., 514.

³ Doc. inéd. Arch. d. Indias, XLI, 186.

was not so rare amongst the Indians as Clavigero and Ulloa try to make us believe. But there is another proof to demonstrate that the distemper must have existed amongst the aborigines long before the profligate Castilians could have poisoned the chaste and innocent Indian maidens. This proof is furnished by the native languages, many of them possessing a term for syphilis. Dr. Montijo, a Spanish physician, has taken the pains to collect a number of these words. The Chilenians called the disease *chima*; the Araucanians *socco*; the Galibi *poiti*; the Achaguas *begimis*; the Mayas *zob*; the Moxas *posiré*; the Cumanagotos *puitiyi*; the Caribs *yaya* and *putuij*; the Guaranis *mia* and *pia*; the Quechuas and Aymarás *huanthi*; the Mexicans *nana-huatl*. To these I can add the Otomi, *yotze* and *notze*; the Quiché, *tepeu*; the Cakchiquel, *galel*, *tepex*, *xilin*, and *xakepl*, *hut*; the Kalispel, *es-lchiché*; and the Otchipwe, *manâdapinewin*.

Here we have the terms of seventeen Indian languages for syphilis. This is surely strong *prima facie* evidence for its existence in our continent, for no people will form a word for an unknown object. But those who consider the disease in question as an "imported article" may reply that the terms were only invented after the arrival of the Spaniards. Very fortunately we have a means of determining how the Indians proceeded in giving names to objects unknown to them previous to this event.

Let us take, for instance, "horse." The Mexicans, Peruvians, and Aymarás used the Spanish word *caballo*; the Guarani and Chilenians altered it, with little change of pronunciation, to *cabayu* and *cahuallu*; the Mayas called it *tzimin*, which originally means a tapir; the Cakchiquel *queh*, originally a deer; and the Otchipwes *bebejigoganji*, a one-hoofed animal.⁽¹⁾ A "steer" was called in Nahuatl *quaquane*, the master of the horns;⁽²⁾ in Aymará, *buey* or

vacca (the Spanish words); in Guarani, *mbaca caapi*, a tearing-up cow;⁽¹⁾ in Otchipwe, *pipki*, which originally means a buffalo. A "stirrup" was called by the Mexicans *tepuzcactli*, a copper or metallic sandal;⁽²⁾ by the Aymarás, with the Spanish word *estribo*; by the Chilenians, *etipu* (corrupted from the Spanish); by the Otchipwes, *nagasidebison*, a thing that stops the foot;⁽³⁾ by the Guarani, *pi-enda*, the place where the foot stands.⁽⁴⁾ A "spur" is called in Nahuatl *tepuzuitzli*, copper thorn or prickle;⁽⁵⁾ in Guarani, *my'ati*,⁽⁶⁾ the turning of the sharp point; in Otchipwe, *patakimod-jishkadjigan*, a thing that is stuck in the belly of an animal.⁽⁷⁾ "Musket" was called by the Mexicans *tlequiquiztli*, the fire trumpet;⁽⁸⁾ by the Quechuas, *illapa*, the lightning, or *hatunchac illapa*, the greater lightning; by the Aymarás, *illapa*, or *hakhcha*, also lightning; by the Guarani, *pocaba*, the loud sound.⁽⁹⁾

These examples will suffice to show that the Indians, in forming words for objects unknown to them before the conquest, either adopted the Spanish terms literally, or with trifling alterations; or they named the object after one of its prominent or conspicuous qualities. They followed the same rule in naming the diseases imported by the Spaniards. To these belong "small-pox," introduced by a negro on one of Grijalva's ships in 1520, and the "measles," introduced eleven years later into New Spain.⁽¹⁰⁾ The former was called

1 From *mbaca* or *baca*, formed from the Spanish *vaca*, cow, and *caapi*, to tear up, scratch.

2 From *teputztli*, copper, and *cactli*, a sandal.

3 From *naga*, alluding to stopping, *sid*, to the foot, and the termination *ebison*, to stringing, hanging down.

4 From *pi*, foot, and the verb *y'* in the gerundium with *kaba*, indicating place.

5 From *teputztli*, copper, and *huitzli*, a thorn, prickle.

6 From *my'*, lance or sharp point, and *ati*, the turning around.

7 From *patakina*, I stick, and *modji*, the belly of an animal.

8 From *tlell*, fire, and *quiquiztli*, a seashell used for a trumpet.

9 From *pog*, sound, and *aba*, much.

10 Mendieta, o.c. 514, 515.

1 From *bebejig*, one by one, and *oshkanjin*, its hoof.

2 From *quaquauitl*, horn, and the termination *e*, indicating master of. A calf, *quaquane conell*, the child of the master of the horns.

by the Mexicans *huey zahuatl*, the great itch; by the Peruvians, *huchuy muru oncoy*, the small spotted disease; by the Aymarás, *choco* or *hamca ussu*, the itchy disease; by the Guarani, *pirua'*, the blister skin;⁽¹⁾ by the Chibchas, *iza*, originally meaning itch. The Mayas, however, derived the name from the high fever accompanying it, and called it *kak*, the fire; if the eruption was trifling, *tuch kak*, from *tuch*, an ear of corn with few grains on it. For the measles were formed the following terms: By the Mexicans, *tepiton zahuatl*, the little itch; by the Peruvians, *katun muru oncoy*, the great spotted disease; by the Aymarás, *ghuerquhue ussu*, the boiling disease,⁽²⁾ or *sarampia*, the Spanish word; by the Guarani, *Mbirua' mbeyu' mbeyu'*, a united blistered skin.⁽³⁾

Whilst thus the names for diseases introduced by the Spaniards were taken from the prominent symptoms, those for syphilis, or at least the majority, are primitive words formed at the development of the respective languages. It is true Prof. MacLean takes exceptions against *nanahuatl* and *tepeu* or *tepex*, on account of having originally a different meaning. In regard to the former, he is very unfortunate in saying that it literally signifies "understanding serpent." How would Sahagun and Molina shake their heads if they heard of such an interpretation! "Serpent," in Nahuatl, is *coatl*; "to understand," (ni) *tlacaqui*; "the understanding serpent," therefore, *coatl yn tlacaqui*, or *coatl tlacaquini*—entirely different from *nanahuatl*. The best Mexican scholars of the sixteenth century agree that *nanahuatl* means syphilis, and nothing else. *Qui nimis probat, nihil probat*.

More fortunate was Prof. MacLean in objecting to the word *tepex* or *tepeu* as an original word for syphilis, by copying Dr. Brinton's note in his "Names of the Gods in the Quiché Myths."⁽⁴⁾ Since the term signifies not only "syphilis," but also "Lord,"

"ruler," and "greatness," the question is justified: which was the original and which the secondary sense? Ximenes, as I stated in my first paper, considered "syphilis" as the former; "Lord," "ruler," and "greatness" as the latter. His explanation is that the Indians held it as a token of great power for the Lords to be afflicted by the disease, since they believed that it originated from the cohabitation with many women, a luxury denied to the common people. In this way the name came to be applied to the chiefs and gods as a title.

On the other hand, Coto is of the opinion that the term was applied to those suffering from syphilitic sores, because, like a chieftain, they did not work, but had to sit still with their heads in their laps (*mano sobre mano*) waiting to get well, and when they had recovered it was said of them that they had given up their lordship.

In view of this explanation Dr. Brinton inclines to the belief that the employment of the word as the name of the disease is in a secondary sense, although he concedes that if the Indians considered syphilis a proof of extraordinary genetic power it would be a plausible supposition that they applied this term to their divinity as being the type of the fecundating principle. Besides, he calls attention to the fact that this strange association of ideas occurred also in other dialects. In Maya, *ku* is the name for the divinity; *kukul* means to worship, and sore or scab; in Quiché, *puh* means matter from a sore; *ahpu*, he who has running sores, but it is also the name of the highest god. Moreover, the Mexicans represented, as we have seen, their sungod, the Haytians their god Guahagiona, as afflicted with syphilitic sores, and the former called one form of syphilis the syphilis of the nobles.

Considering these facts, there seems to have existed amongst these tribes a belief in a mysterious relationship between this disease and the chieftains and gods. Thus, after all, the explanation of Ximenes may be the correct one, and *tepex* or *tepeu* be an

¹ From *pi*, skin, and *ruá*, the blister.

² From *ghuerquhuela*, to boil.

³ *Mbeyu' mbeyu'*, what is near together, conjoined, united.

⁴ Pages 11-12.

original word for the name of the disease. But even if we accept Father Coto's interpretation, it cannot injure our case, because it is obvious from the above stated facts that the transfer of the sense of the word antedates the arrival of the Spaniards.

But I will cite another term which furnishes additional proof in my favor. I mean *huanthi*, alike employed by the Quechuas and Aymarás. It makes no essential difference for our argument whether we accept the old theory that the Quechua and Aymará, having about 20 per cent identical words and conformity of grammatical construction, are cognate languages, or if we consider, with Markham and Tschudi, the Aymará as a mixture of Quechua with the Lupaca dialect of the ancient Colla language.⁽¹⁾ In either case we can prove that the word, and consequently the disease, existed previous to the Spanish occupation of the country. If we adhere to the old theory it carries us back to that period when the mother language separated into the two cognate dialects, doubtless thousands of years ago. If we favor the modern teaching we have to find out when the Aymarás came first in contact with the Lupacas. According to Fray Alonzo Ramos, the famous chronicler of Copacabana, this event took place when Capac Yupanqui, the head-chief of Cuzco, sent the former, a Quechua tribe from the neighborhood of Abancay, as mitmacs amongst the conquered Lupacas.⁽²⁾ The ancient inhabitants of the district adopted many words of the language of the new-comers, and thus that mixed idiom was formed, which the Jesuit Fathers found on the western shore of Lake Titicaca and erroneously called *Aymara*, a name it still holds to-day. Among the adopted words was also *huanthi*, showing conclusively that at least the colonists were familiar with the disease. As this event happened fully three hundred years before Pizarro entered the empire of the Incas, it is obvious that his companions did not

need to bestow the venereal virus upon the children of the sun. It flourished there in all its glory.

In view of the evidence I have gathered from the confessions, customs, religious rites and superstitions, the mythology, *materia medica*, and the languages of the natives, who will deny the pre-Columbian existence of syphilis in the Western Hemisphere? Neither Clavigero nor the host of his followers, Prof. MacLean included, can reason away this stubborn fact. Nor can they make us believe that it was the "Spaniards who entailed this everlasting curse upon the aborigines."

SALICYLIC ACID IN SOFT CHANCRES AND SYPHILITIC CONDYLOMATA.

In the St. Petersburg weekly *Voenno-Sanitarnoe Delo*, Dr. Leopold K. Golistewski, of Poti, draws attention to the abortive treatment of soft chancres according to Hebra's method, consisting in powdering the chancres with pure salicylic acid daily. Two or three applications (after previously cleaning and drying the ulcer) are said to be sufficient for transforming the chancre into a simple ulcer, which heals kindly in two or three days. In a case adduced by the author, which had remained without any treatment for fifteen days, a complete cicatrization ensued about nine days after the first powdering. The method seems to be equally successful in syphilitic condylomata, as is illustrated by a case of Dr. Golistewski in which multiple perineal warts (resisting the influence of calomel, mercurial inunctions, etc.) disappeared tracelessly in a week, after five applications of the acid. The same may be said in regard to suppurating buboes.

—*Med. and Surg. Reporter*—

A cablegram states that much indignation has been aroused in the two hundred American medical graduates in Berlin, because the authorities at the university have determined not to recognize as valid any diplomas issued by medical colleges in the United States.

¹ J. J. v. Tschudi, *Organismus der Khetsuasprache*, 72-78.

² Tschudi, *o.c.*, 72.—Bayer, *Reise in Peru*, 301.—Lorente, *Hist. antig. d. Peru*, 147.

Selections.

THE ORIGIN AND TENDENCIES OF MODERN SURGERY.

Adepts in the modern school of surgery are very apt to overlook the steps by which this branch of the medical art has been brought to its present pitch of perfection, and to ignore its tendencies, which are, however, destined to determine the surgery of the future. Both, however, have a distinct importance in enabling us to form a dispassionate opinion of the value of the methods at present in vogue, and of the theoretical assumptions upon which they are based. Fifteen or twenty years ago, the least solution of continuity was looked upon as constituting in itself a possible source of danger, of which death was not infrequently the consequence. The picture of what surgery was in pre-Listerian days has often been drawn, but the latter day practitioner can form no adequate idea of the everyday experience of the surgeons of those days, though some faint conception can be derived from the works and statistics of those who have not yet carried their souvenirs with them into the grave. Without exaggerating our advantages we may affirm that the mere wound has quite ceased to be a source of anxiety. We can control and direct its course, and the surgeon no longer looks upon suppuration as one of the "functions" of damaged tissues. It is unnecessary to dwell upon the prime source of the improvement which has taken place, for it consists, after all, only of the scientific and methodical application of truths which had been suspected, and in a feeble hesitating way, acted upon, for centuries, as is shown by the perfunctory use of antiseptic substances by the surgeons of the middle ages, and even of their predecessors in ages still more remote. The disasters which characterized the surgical practice of the past was due to the fact that in ignorance of the way in which this or that substance acted in averting sepsis, our predecessors undid with one hand, the good they tried to do with the other.

After a season of infatuation with anti-sepsis *per se* we have now gone a step further, and have learned to recognize that asepsis is preferable to antiseptis, though the time has not yet come for it to be authoritatively affirmed that the former can safely be dispensed with. The introduction of general and local anæsthetics and a better knowledge of regional anatomy have both had a share in making surgery what it is, and lastly, the skill and ingenuity of the instrument maker have not a little contributed thereto. There was a period when the knife had come to be regarded as a dangerous instrument, but this was at a time when every breach in the cutaneous envelope seemed to offer irresistible attractions for the entrance of morbid entities against which the surgeon found himself disarmed. When the new gospel was preached and when surgeons recognized that the scalpel might, with certain precautions, be used without fear of septic complications, the reaction was excessive, and for some years surgeons vied with each other in the performance of audacious and not always justifiable operations. One surgeon removed the larynx in its entirety with a portion of the trachea; another included in his operation the tongue and the pharynx, the third, a piece of the œsophagus. Ablation of the kidneys, the spleen, or the uterus, resection of the stomach, of the colon, or of the rectum, came to be regarded as ordinary operations, and that too for cancers in which recurrence is the rule. The maxim, *primo non nocere*, was overlooked or forgotten by these operators in their search after the novel, the audacious, and the wonderful. Little by little surgeons have learned that the ability to perform a difficult operation without killing the patient forthwith, is not in itself a justification for performing it, unless the results are likely to be really beneficial to the patient. As the field of surgery has been enlarged, the next step in its evolution was specialization. Having arrived at a period when discoveries have accumulated to such an extent as to defy the grasp of any one individual, it became necessary to limit one's efforts to par-

ticular branches, and it was recognized that to grasp well it was indispensable to grasp less. At the same time specialisation should be the end, and not the beginning of a career, or the specialist ceases to have that broad grasp of his subject which is essential to the scientific and successful surgeon. One of the most marked features of the new school of surgery is the conservative tendency. Where the surgeon of years gone by would unhesitatingly have amputated a limb or pared off a crushed finger, his successor respects the damaged tissues, and not until nature has shown herself unable to effect a cure does he decide to dispense with a limb that has ceased to be useful. Conservative surgery was dangerous before the days of asepsis, but it is one of its happiest outcomes. The surgeon has benefited even more than the physician by the advances which have been accomplished in diagnosis, for while the latter is often reduced to the barren satisfaction of diagnosing a malady recognized to be incurable, the surgeon, placed in possession of the means of recognizing the existence of these affections at a period not too late to admit of successful intervention, hastens to take advantage of the resources of modern art to effect the cure while it is yet time. It is not sufficient, however, to determine the precise moment at which the surgeon may intervene with the best advantage, together with the method best calculated to attain the object in view, nor does it suffice to provide for the prompt and aseptic healing of the wound. In other words, the surgeon must not forget that he is a physician as well as a surgeon. The patient to be operated upon is most frequently a sick person, his ulcer or his tumor being but the manifestation of a constitutional strain, and, to be efficacious, the surgeon's intervention must be preceded and followed by suitable medical treatment. Of late years a fresh field of usefulness appears to be opening up for surgeons, for in many instances tuberculous lesions appeal rather to the surgeon than to the physician for their cure, but after the surgeon has removed the focus of possible infection he must know how to

render the tissues refractory to further contamination, or his skill will have been thrown away. Where the surgeon has failed it may still be hoped that the physician will ultimately be enabled to effect a cure, and every advance ought to prove an encouragement to further efforts.—*Med. Press and Circular*.

VERY HOT COMPRESSES IN SURGICAL PRACTICE.

Professor I. I. Nasiloff, writing in the *Vratch*, gives an account of several cases of inflammation of the lymphatic glands, which he treated with very marked success by means of very hot compresses. These compresses consisted of a four-fold piece of linen, rather larger than the surface over the affected glands. It was dipped into water at a temperature nearly or quite equal to 212° F., wrung out, and applied quickly over the glands, its own temperature being then from 140° to 165° F. These applications were made morning and evening, the compresses being allowed to remain on, covered over with cotton-wool, for about fifteen minutes. As may be supposed, the application produced somewhat severe pain, but this did not last long, though sometimes not only redness but a blister was caused. This treatment was continued for about a fortnight. It was found that it very soon began to promote absorption; this action was always accompanied by a rise of temperature, depending apparently upon the size of the diseased glands, and upon the extent to which absorption was taking place. It was noticed that the earlier the treatment was adopted the more effective it showed itself. Professor Nasiloff believes that hot compresses are a valuable form of treatment, not only in strumous glands, but in rheumatic osteomyelitis and in fungoid inflammation of the joints.—*Lancet*.

CORROSIVE SUBLIMATE FOR GRANULAR LIDS.

In the *Annales d'Oculistique*, Dr. Arnauts reports excellent results in the treatment of granular lids by the appli-

cation of solutions of corrosive sublimate of a strength somewhat greater than is usually employed. He prescribed collyria of corrosive sublimate in the proportion of 1 to 500 and 1 to 400, and of this one or two drops are instilled into the eyes two or three times daily. He admits that solutions having this strength excite some transient irritation of the conjunctiva; but this disappears in the course of a few minutes, and may be prevented by the antecedent instillation of a few drops of a solution of cocaine hydrochlorate. The remedy, he observes, costs little, and admits of easy application; and reduction of the granulations soon takes place. The effects of the solution are also well marked in causing the vascularization of the cornea to disappear. The same plan of treatment can also be adopted with advantage in cases of ulcers of the cornea, many of which will rapidly heal under the influence of the solution. Dr. Arnauts records several cases showing the advantages to be derived from its use.

—*Practitioner.*

NEPHRO-LITHOTOMY.

Prof. E. L. Keyes, in a paper read before the New York State Medical Society, reported six cases of nephrotomy, in three of which calculi were extracted, and concludes as follows:

1. The posterior exploratory incision upon a kidney suspected to contain stone is devoid of any serious danger when performed with proper care, and should be resorted to more often than it is at this date sanctioned by general surgical opinion.

2. The best incision is the transverse, below the twelfth rib, with as much of a liberating incision downward along the line of the edge of the quadratus as may be required to gain ample room.

3. The kidney may be freely cut into, and rudely lacerated with the finger, when the stone calls for it, without producing any hemorrhage which hot irrigation will not control.

4. It is better, in the case of large branching calculus, to break it up and extract it in fragments, rather than to attempt to remove it entire.

5. So little danger attaches to the posterior incision that it seems wiser always to make it the first step, reserving peritoneal exploration for a later resource, in cases where the posterior exploration miscarries.—*Med. Record.*

ERRORS AND ABUSES OF GYNECOLOGY.

Dr. William Goodell (*The Medical Age*, December 26, 1886) concludes with the following suggestive axioms:

1. Always bear in mind that woman has *some* organs outside of the pelvis.

2. Each neurotic case will usually have a tale of fret and grief, of care and care, of wear and tear.

3. Scant, delayed, or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease.

4. Antelexion *per se* is not a pathological condition. It is so when associated with sterility or with painful menstruation, and only then does it need treatment.

5. An irritable bladder is more often a nerve symptom than a uterine one.

6. In a large number of cases of supposed or actual uterine disease which display marked gastric disturbance, if the tongue be clean the essential disease will be found to be neurotic; and it must be treated so.

7. Almost every supposed uterine case, characterized by excess of sensibility and scantiness in will-power, is essentially a neurosis.

8. In the vast majority of cases in which the woman takes to her bed, and stays there indefinitely, from some supposed uterine lesion, she is bed-ridden from her brain and not from her womb. I will go further, and assert that this will be the rule, even when the womb itself is displaced, or it is disordered by a disease or by a lesion that is not in itself exacting or dangerous to life.

Finally, uterine symptoms are not *always* present in cases of uterine diseases; nor when present, and even urgent, do they *necessarily* come from uterine disease, for they may be merely nerve-counterfeits of uterine disease.

Addresses.

VALEDICTORY ADDRESS

Delivered at the Commencement Exercises of
the Medical College of Ohio,
March 6, 1890,

BY

JOSEPH RANSOHOFF, M.D.,
CINCINNATI.

The only certainty in life is death. To assuage the ills of the one and delay, as far as may be, the other is the mission of medicine. To accomplish this its votaries make themselves familiar with man in health, his diseases and their cure. Anatomy, gross and microscopic, is a finished book. Physiology and pathology have progressed until the functions of organs are nearly all revealed and the effects of disease in them can be clearly foretold. Another step is taken, and the living tangible cause of disease is discovered. This is the science of medicine, moving up the steep ascent of positive knowledge—a science pure and simple, uninfluenced by motives base or noble, untrammelled alike by plaudits or censure. But the cure of disease constitutes an art. Were disease a material entity which the physician could manipulate unmolested as the potter his clay, medicine would have results to record before which the luster of achievements already its own would pale. As it is, disease belongs to an individual with mind and will of his own; and the individual to the family and the public. Regarding the art medical, the pendulum of public opinion constantly sways between stolid indifference and blind enthusiasm—never at rest. It hampers more than aught else the influence of our art on the suffering individual, and through him on the community at large. A case of beginning consumption, of bone disease, and even of external cancer, dies or gets well precisely in accordance with modern treatment. The public will not believe it. But the virtues of the life elixir of Paracelsus lived after him, though he died with a bottle of it in his pocket. Less than a year ago, the vagary of an octogenarian mind,

the craze of Brown-Sequard, found followers by the thousand in all walks of life, though not one medical man of national prominence advocated it.

No better illustration on a large scale of the indifference to medical teachings can be cited than that which pertains to the education of children. Statistics show incontrovertibly that within the last fifty years in civilized communities the gross mortality has diminished, that the average of life has been lengthened. It is in children under five years of age that the decrease of mortality is especially apparent, as a result of improved dietetic and of therapeutic methods. Many sickly and feeble children now attain the school age who in earlier decades would have died in infancy. The doctor will ask the parents of such a child to keep it from school until it is eight; and once in fifty cases they will comply. The parents of a child afflicted with chorea, a bronchial cough, or beginning hip disease are not so much concerned about the disease as about the sacrifice of a year of school life. This applies particularly to cities and to girls. In the country, whence, after all, blood and brain are recruited, they still believe that the first requisite to success in life is to be a good animal, and, with Herbert Spencer, that the supreme end of nature is the welfare of posterity. With us the feeble and the strong are sent to our perfectly appointed educational mills for ten months out of every twelve, for seven hours daily. At home there is a two hours preparation for the grind of the morrow. The average child of thirteen will blush to be caught ignorant of the whereabouts of Penobscot Bay or the name of some fourth-rate Greek deity. Yet the pale cheek and tired expression, the fickle appetite and stooped figure, cause the mother no pang of conscience. The advice of the family doctor to withdraw it from school for a year is unheeded. Delectable preparations of iron, of the hypophosphites, or of cod-liver oil are made to substitute fresh air, out-door exercise, and freedom from restraint at a time when man and woman are physically made or marred.

Therefore is it that we so often encounter men, and oftener women, intellectually strong but physically unfitted for the work of life, and ready to succumb to the first serious inroads of disease. Here is an obstacle to the successful application of our art. Who will question that in the management of febrile diseases, of internal abscesses, of midwifery, and of surgical cases, indeed, along the whole gamut of the ills and accidents of life, progress has not been made? Yet the man of twenty of to-day has no prospect of living longer to-day than had the man of twenty of a half century ago.

Far be it from medical men to consider education other than the predominant force of our social fabric. In early life however it should not be made the only desideratum. Triple expansion engines are suited to ocean-greyhounds, but the slow-going freight gets into port quite as comfortably. In bygone days when papers and books were few, and methods of communication slow the forcing system had a *raison d'être*. To-day life itself affords an education. Take two men of thirty, of average intelligence, not college-bred, say a business man and a mechanic and state if you can which one has had two or three years more of school-training than the other.

The longest strides of medicine to-day are in the prevention of disease. Our next efforts should look towards rendering its soil in the human frame barren. Here medical men recognize their strongest ally in physical culture, and it is a duty to insist in its early and general inculcation. In this regard we have taken a step backwards in our country. In our public schools twenty years ago fifteen minutes of each day were devoted to physical exercises; though of benefit, they were removed from the curriculum. As physicians we look to Germany as the foremost of nations in the march of science, nor is the average German a laggard in point of general education. In 1860 physical training was made obligatory in the public schools of Germany, and in 1882 it was also made obligatory for girls. Boys in the Prussian schools must train

for two hours every day. They begin at the age of six, and continue until they are nineteen or twenty. The city of Berlin in 1880 and 1881 appropriated \$1,760,000 for educational purposes, of which over \$60,000 were expended for the teaching of gymnastics. There are a thousand teachers of physical culture, most of whom teach it in connection with their ordinary class work. They are mostly graduates of a normal school for gymnastics, for the maintenance of which \$210,000 were appropriated in 1885. Details of officers of the army become pupils that they in turn may teach the rank and file. The effect of this training is seen in the superiority of the German soldier. The state apparently robs him of two or three years of his manhood, but it gives him a full equivalent in the power of endurance he takes back to civil life.

The Germans have attempted to introduce gymnastic exercises into this country but with very limited results. Were our profession in a concerted way to agitate this question, physical training would, as it certainly should, find a place in our public educational system. It would enable our youth to bear better the "brute strain of study"; men and women to bear better the physical trials of life, of which none plays more baneful a rôle than disease. With the abundance of food and elbow room which our country must afford for generations to come, general attention to early physical culture would assume vast economic importance. The common wealth is the common health. National health is national wealth.

Another obstacle in the way of obtaining practical results commensurate to the scientific progress of medicine, and for which the public and the profession are equally responsible, is the abuse of medical charities. The benevolence of medical men as a class has never been questioned. Mercy is an attribute of divinity. Grecian mythology derived medicine from the gods. The Christian and the Jew, the Buddhist and the Ismalite calls his idea of divinity the Great Physician. In regard to charity the profession has not become recalcitrant.

The lines of Pope seem almost written to apply to doctors:

"In faith and hope they well may disagree.
But all mankind's concern is charity."

It is not to the hours of toil that you, and you, and you, sir, will gratuitously devote to the indigent sick that I refer. Such service brings a reward that lifts our calling above every other. Yet you will quickly learn that the note of thanks comes oftenest with the largest checks. I refer rather to the abuse of lay medical charities, and particularly to the multiplication of free hospitals, the latest freak of fashionable philanthropy.

Hospitals have a two-fold object. One that is paramount is to confer upon the poor advantages of treatment, nursing and rest that cannot be enjoyed by them at their homes. The other, which to the laity appears of secondary moment, is in the opportunities they afford for the instruction of those who enter the profession. In times gone by the medical student, before attending lectures, served an apprenticeship with a practitioner, whose good, bad or indifferent methods formed part of his medical education. The plan was a bad one, and has almost been discarded. Of over 1,400 medical students in Scotland a few years ago, less than 7 per cent. had served such an apprenticeship.

In our country the preceptor is usually one only in name. Clinical instruction in large general hospitals has supplanted the older methods. While it certainly would be wrong in any serious way to subordinate the claims of a class of unfortunates to the requirements of teaching, yet it must be borne in mind that the only satisfactory manner of acquiring a practical knowledge of medicine and surgery is at the bedside of hospital patients, from whom it can reasonably be demanded that they thus far contribute to the general welfare, since they owe their care and treatment to public charity. Medicine is a profession with a business aspect. It is in the hospital that medical men have the right to seek a *quid pro quo*.

The complaint against the beginner in the practice of medicine is that he

lacks experience. He may be accurate in his knowledge of anatomy; make an analysis of the excretions that defies criticism; he may discourse learnedly on the nature of germs, and from fancy draw a fair picture of disease. In the college dispensary, by personal contact with the sick, he has learned to recognize and treat the milder ailments which do not confine to bed. If especially favored, he has seen two or three beings ushered into the world. From a distance, and possibly through an opera-glass, he has seen many operations and more patients. Yet he may never have felt the pulse in a case of typhoid fever; he has not analyzed a case of obstruction to determine its cause and method of relief. He may never have examined an abdominal tumor, nor know by touch a fatty from a cancerous growth. However disagreeable the admission may be, it is true that the recent graduate is lamentably deficient in experience. In from two to five years, according to his aptitude for service, he has quite a stock of it—obtained, of course, at the expense of his patients. If a felon can be lanced in one second, it is butchery to do it in five; if scarlet fever can be recognized on the second day, it is criminal to delay isolation to the third. On both counts the public must suffer.

Since experience is indispensable to successful practice, it is best that the beginner should obtain it under the guidance of competent instructors, and in the wards of a hospital. To do this well, there must be ended the frittering away in small hospitals of material which, by every rule of equity, ought to be utilized in teaching.

The city of Cincinnati affords an illustration of what obtains in many of our populous centres. We have at present two large general hospitals, the Cincinnati and the Good Samaritan; the one supported by tax-payers, the other by private charity. Their combined capacity of free beds is about five hundred. They are the only ones in which medicine is taught. In contrast herewith are seven free hospitals and one in contemplation, with a capacity of about five hundred beds, in which medicine is

not taught. They are entirely maintained by private charity, and are for the most part sectarian. If it be their aim in the care of the sick to indicate special paths to salvation, to amalgamate medicine and religion, it should at least, in my judgment, not be tolerated. Except in rare cases the sick should be ignorant of the imminence of death, lest hope, that lingers while consciousness lasts, be crushed. A few weeks ago I heard a mother ask her son, who was injured in a mill, whether he thought the owners would pay his funeral expenses. The question was not as elevating to the soul, but physically quite as stimulating, as would have been a discourse on the beauties of the next world.

Charity hospitals where teaching is excluded have their uses. They benefit their patients, gratify patrons with an idea of their own goodness, and clear to their medical attendants — all most capable men — the road to distinction. In every other way such hospitals are harmful, and the philanthropy that gives them foundation and turret misapplied. They dissipate a wealth of material and detract from the usefulness of that which goes to hospitals where instruction is given. Few men, let alone women, will by choice seek treatment in a hospital where students attend. Therefore, the latter is largely occupied by emergency cases, and by the pariahs whom society has rejected and religion forsaken. All my colleagues of the general hospitals will, I think, confirm this observation.

The chief arguments against large hospitals is their greater mortality, and that clinical teaching contributes thereto. They are based on the records of a time when preventive medicine did not exist. Time was, and not so long ago, when the mortality in large charities was truly appalling. In the old Hotel Dieu, of Paris, the extraordinary spectacle was to be seen of two or three small-pox patients, or several surgical cases, or of four particular women occupying one bed. Many of the beds were purposely made for four patients, and often six were crowded in. It is not remarkable that a fatal issue super-

vened in every fifth case admitted. The pavillion plan of hospital construction, the classification of cases in wards, isolation of infectious diseases, sufficient air space and constant attention to details of cleanliness have forever removed such blots. In the large Maternity Hospital of Paris, the mortality from preventable diseases is now one-tenth of one per cent. The average general mortality of six general hospitals taken at random from six Eastern cities is eight per cent. The general mortality of the Cincinnati Hospital for the last fiscal year is seven per cent., and in the surgical wards where under older methods it was greatest, it is less than three per cent. In the largest private hospital of this city, where students are excluded, the general mortality is nearly eight per cent. Considering the number of hopeless consumptives admitted, and the number that succumb directly, or indirectly to the abuse of alcohol, the mortality of the public hospital is certainly too low to militate against the educational uses that are made of its inmates, or to form the basis for the establishment of yet another private hospital in this city, as has recently been done. It has been asserted by medical men with axes to grind, and from the pulpit by a minister, ever in search of pastures new, that the operation of opening the abdomen in this general hospital has been followed by a mortality of eighty per cent., where it would not exceed ten per cent. in the smaller institutions already vegetating or still in contemplation. The fact is, that during the past two years, operations of the character to be performed in these special institutions have been made in the amphithaeters, both of the Good Samaritan and the Cincinnati Hospital, and before a class of three or four hundred students nearly a score of times with a death rate of which the best need not be ashamed. Patients were benefited, students were benefited, and through them sooner or later the public will be benefited.

From another point of view the multiplication of free hospitals is demoralizing. Many who are in no way objects of charity are admitted, and the

rewards of medical practice are proportionately cut off. It is quite as bad to extend opportunities for gratuitous medical and surgical treatment as it would be for the government to distribute largesses of bread and meat. The patients themselves do not appreciate such service half as much as if they paid something for them even if that something be a wholly inadequate return. What costs nothing, is nothing worth. In the language of a most eminent English surgeon: "The public value us just at our own price, less five per cent. discount for cash."

When the historian of the future comes to select a single word to designate the leading propensity of our social and economic fabric, it will be "association." In every walk and avocation of life strength has been found in union. The security of capital is in combinations, the dignity of labor is in union. States that are federated survive, and by the association of charities the greatest good is accomplished. In matters of hospital benevolence the requisite now is concentration. Let interest be centered in those we have and those that profit the world without as the few within its walls. Philanthropists need not despair. Since no branch of medical teaching is subsidized or endowed in our community they will find an unbroken field for the seed of generosity in the endowment of didactic chairs in our medical colleges, and in the establishment and maintenance of laboratories for original research in connection with large hospitals. Nor would the fruit be stunted. Every student would sound its virtues, and through the bread thereof the sick of every land and clime might find relief.

There are sceptics, unhappily, in the profession who would doubt the fairness of this conclusion. They belong to every period and every country. When, after nine years of research, Harvey published his modest little volume on the circulation, twenty-five authors appeared in print within a year to question his results. Ambrose Paré reaped a harvest of abuse when he substituted the ligature for boiling oil to stop bleeding. In every community there are doctors who even now deny

the efficacy of vaccination as a preventive of small-pox. Why expect them to admit the usefulness of investigations like those of Pasteur, Lister, or Koch? In medicine the sins of omission far outweigh those of commission, and it is here that the sceptic does harm. He does not accept the doctrine that blood-poisoning after wounds comes through their infection from without; with him the influence of germs is still a matter of speculation. He pays no attention to absolute cleanliness of surgical instruments, dressing, or wound, and goes on losing five out of every ten major amputations where he ought to lose but one. In his hands the man with a strangulated hernia or compound fracture, if fortunate enough to escape with life, is bed-ridden for from three to six months, while a practitioner less difficult to convince would restore him to health in as many weeks. The scientist proves in his laboratory that consumption is a germ disease; that its living cause is present in the sputum; that in this way it is contagious; that in cities it is most prevalent in certain wards, certain streets, certain houses. All this does not influence our sceptical brother. To him consumption will ever remain an hereditary disease, and the precautions based on exact science that might limit its spread are not among his resources. Again, the scientist in his laboratory discloses the fact that so common a disease as summer complaint is due to a poison formed by the decomposition of milk. The sceptical practitioner doubts it. Sterilizing the milk or withdrawing it altogether from the diet for a time does not form part of his practice. He orders bismuth and tannin, or opium and chalk, and if death ensues, as it probably will, he feels no pang of conscience. Did he not give a faultless medical prescription? His sins are not of commission. He never kills a patient; he simply lets him die.

A hundred years ago medicine had not a scientific peg to stand upon. Fifty years ago medicine was an art with little science and much empiricism. To-day the order is reversed. The change has been wrought in the laboratory. To its portals the practi-

tioner must look for light and guidance. Let him but close his eyes, and the lives entrusted to his keeping are as in a rudderless bark amidst reefs and shoals.

Gentlemen of the Graduating Class:

A great city was besieged, and its inhabitants were called together to consider the best means of protecting it from the enemy. A Bricklayer present earnestly recommended bricks as affording the best means for an effectual resistance. A Carpenter with equal energy proposed timber as providing a preferable method of defence. Upon which a Currier stood up and said, "Sirs, I differ from you altogether; there is no material for resistance equal to a covering of hides, and nothing so good as leather." Mindful of the moral of this fable, I bid you welcome to the noblest work man can do. The plane of every human effort is fixed by its demands on the intellect and its usefulness, by the courage requisite to its performance, and the opportunities it affords for denial of self, for charity. If you be honest physicians your work presupposes these attributes singly and together. What greater charm to the studious mind than to solve a difficult, perhaps a new, problem in science? It is an elemental happiness, and it is yours to enjoy with every obscure case. What more useful than the immolation of pain? Know you of another human achievement so nearly approaching creation itself as the record of one hundred thousand years added to the life of woman by a single operation, and in less than half a century? Thus must the lowliest among you be inspired with the dignity of his calling.

In its exercise, benevolence and self-denial must ever be present. For years to come half your work by day and night will bring no recompense wherewith to fill the pantry or clothe the back, nor will it at any time let you enter the lists where wealth is measure of success. Yet will you be content, for you are of the learned and the good, who lessen the miseries and make light the burdens of mankind. Your calling brings you face to face with the weaknesses of men; but you will share the pride of your craft from time imme-

morial—you will never abuse confidence, not even for gain. Rather will you spread wide the mantle of charity over human faults, and look for the grains of gold even among the dross.

Your battle will be with the pestilence that walketh in darkness, and the destruction that wasteth at noon day; yet will you not fear. For in so much as you will have looked on the bright side of life, you will not waver when the shades fall. Such, my friends, is your life work. That you may emulate an ideal, let me quote the advice given by Rhazes, a thousand years ago, concerning the choice of a physician: "Study carefully the antecedents of the man to whose care you are confiding all you have most dear in the world, that is to say, your health, your life, and the health and lives of your wife and children. If the man is dissipating his time in frivolous pleasures; if he cultivates with too much zeal acts that are foreign to his profession, such as music and poetry; still more, if he is addicted to wine and debauchery, refrain from committing into such hands a trust so precious. He merits your confidence who, having early applied himself to the study of medicine, has sought skillful instructors, and seen much disease; who has united to the assiduous reading of good authors his personal observations, for it is impossible to see everything and try everything in one's own practice; and the knowledge and experience of a single individual compared to the knowledge and skill of all men of all ages, resemble a slender brook of water that flows by the side of a great river." For myself, my colleagues and our Alma Mater, I bid you farewell.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.


Are prepared to make examinations of river water, etc., for the typhoid bacilli.

THE CINCINNATI LANCET-CLINIC:

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199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, March 8, 1890.

The Week.

COLLEGE COMMENCEMENTS.

COMMENCEMENT EXERCISES OF THE
MEDICAL COLLEGE OF OHIO.

The annual commencement exercises of the Medical College of Ohio were held in the Odeon March 6. The occasion was the professional Natal Day of a class of ninety-one young men. The evening of the day, like its seventy predecessors, was one of joy and gladness.

On the stage sat the Faculty, the Trustees of the college, the members of the Alumni Society and distinguished visitors. In the auditorium every seat was taken, a great crowd of friends and relatives of the honored young men filling it to the packing point. The graduates themselves were seated together in the front rows facing the stage, and the most casual observer could see with half a glance that they constituted a representative body of handsome and intelligent young men, who would do honor to any institution at which they might enroll themselves as students.

The order of exercises was begun by an overture from Weber's Orchestra,

the Rev. George A. Thayer following with prayer.

Prof. W. W. Seely, M.D., the Dean of the Faculty, then made a few remarks of an appropriate nature, the spirit being that of congratulation to those who had been successful in acquitting themselves with honor in the final examination. In the course of his address he made the announcement that hereafter the course of study at the college would extend over four years, a step that had been taken after careful consideration.

Hon. Aaron F. Perry, President of the Board of Trustees, was introduced and made the formal address of congratulation to the graduating class, to whom he delivered their diplomas. After sketching the history of the college, which was founded in 1819, he made an appeal to the young men to zealously promote the endowment of the institution in the interest of science and for the good of posterity.

THE PRIZE WINNERS.

After a musical interlude the event of the evening—the awarding of prizes—came on amid a hush of expectancy. Prof. James G. Hyndman, Secretary of the Faculty, read the announcements and the prizes were personally conferred by the donors upon the successful competitors.

The first on the list was the prize of a case of surgical instruments, offered by Prof. James T. Whittaker for the best paper upon the theory and practice of medicine. This was awarded amid loud applause to Dr. Maximilian Herzog, of this city. Mr. Herzog is the well-known city editor of the Cincinnati *Volksblatt*, and a bright young journalist, whose many friends will be rejoiced in hearing that he has thus distinguished himself in his new profession. His general examination reflected the greatest credit upon him.

The next on the list were the three

gold medal prizes of Dr. W. W. Dawson, which were competed for some weeks since at the Good Samaritan Hospital. The first, for the best surgical bandaging, was taken by Dr. W. A. Galloway, of Xenia, O.; the second, for the best surgical drawing, by Dr. J. D. Davis, of Ottawa, Kan., and the third, for the best surgical dissection, by Dr. Herschel Russ, of Hillsboro, O.

Prof. C. D. Palmer offered a case of obstetrical instruments for the best examination in gynecology and obstetrics, and it was taken by Dr. H. W. Bettman, of this city. The same gentleman offered another prize of a gold medal for the best synopsis of his lectures on gynecology and obstetrics, and Dr. Wm. Calvin Ussery, of Anna, Ill., carried it off.

Prof. Thad. A. Reamy's prize of a gold medal for the best examination in clinical gynecology was carried off by Dr. John H. Landis, of Logansport, Ind.

Prof. Jos. Ransohoff gave a case of amputating instruments for the best paper on descriptive anatomy, and Dr. Wm. C. Ussery, of Anna, Ill., secured it.

The chief or Faculty prize of a gold medal was presented by the Dean to the victor, Lincoln Mussey, of this city. The examination this year was more severe than at former contests, the competitors, after submitting papers, being compelled to undergo the crucial test of an oral examination before the Faculty. The winner comes of the justly famous family of surgeons, and his knowledge of the science may well be said to have come to him by inheritance. Those who received honorable mention were H. W. Bettman, Walter Forchheimer, and John H. Landis.

HOSPITAL INTERNES.

Prof. Hyndman then announced the successful competitors for the posts of internes at the hospitals. They are as follows: At the Cincinnati Hospital—H. W. Bettman, Cincinnati, O.; M. B. Brady, Ft. Worth, Texas; A. H. Freiberg, Cincinnati, O.; John H. Landis, Logansport, Ind.; Minor Morris, Paddy's Run, O.; Lincoln Mussey, Cincinnati, O. Good Samaritan Hospital—W. R.

Brown, Cincinnati, O.; W. B. Weaver, Cheviot, O.; J. D. Davis, Ottawa, Kan.

THE VALIDICTORY ADDRESS

To the class was delivered by Prof. Ransohoff. We are pleased to be able to give it to our own readers in full. Its appropriateness and excellence is so marked as to make comments on our part a superfluity.

LIST OF GRADUATES.

Following are those who composed the graduating class of '90:

Elijah Hedding Abbott, D. R. Alban, H. Grant Artis, Frank M. Barden, Samuel Nelson Bausman, Alex H. Beam, Will E. Bell, J. Frank Benham, Henry Wald Bettman, Calvin A. Bonner, M. B. Brady, W. Richard Brown, S. A. Broughman, Lawrence H. Brundage, Milton T. Carey, Jr., Robert Barr Carothers, Charles B. Carr, Walter S. Chandler, Sylvanus R. Clark, Carolus A. Cooperrider, David A. Cox, Edgar Cox, Adolphus H. Creps, Leonard G. Cromer, S. A. Cunningham, Jephtha D. Davis, Will S. Davis, Otto Parvin Dillon, Oran Edgar Druley, B. Frank Eckman, Joseph Clemens Elfers, William Porter Everts, George K. Ewing, R. Craig Falconer, Otto C. E. Fauth, George W. Ferril, Jr., David T. Findley, Walter Forchheimer, Albert H. Freiberg, Adam M. Galbraith, William A. Galloway, William Gillespie, William F. Goetze, G. W. Gregg, Henry Anthony Hahne, Oscar Eugene Harris, Maximilian Herzog, Frank Edwin Hill, John L. Hood, Arthur T. Horsman, John H. Hundley, Milton T. Jay, John H. Landus, Lewis F. Laudick, W. A. E. Le Fever, Clarence W. Lehman, Frank G. Lightner, Otto Evans Lucas, Jr., William Andrew McKenny, William C. Marshall, C. F. Merideth, John T. Middleton, A. J. Monahan, Minor Marris, Lincoln Mussey, Lockhart Nelson, William Ernest Oglesbee, Austin R. Orr, Arthur L. Payne, W. J. Porter, Emley B. Queal, Robert M. Rankin, Edwin Rinear, Harvey H. Roberts, Maurice I. Rosenthal, Herschel A. Russ, James A. Salisbury, Albert M. Shaw, William R. Shetterly, Daniel

W. Showalter, Frank M. Solar, S. D. Stevenson, E. T. Struckman, Edward M. Sweet, E. G. Thomasson, Reece C. Townsend, William Calvin Ussery, Thomas Bryam Vice, John A. Warde, Walter B. Weaver, William F. Wilson.

THE ALUMNI SOCIETY.

About two hundred members of the Alumni Society of the Medical College of Ohio, met in the lower amphitheater of that institution on the afternoon of March 6th. They were addressed by Ex-Governor Garcelon, of Maine, who read a most interesting paper of a composite nature as to subject matter. Dr. Garcelon was given a hearty reception, it being his fiftieth anniversary as a graduate of the college. He was responded to on behalf of the class of '90 by William Calvin Ussery.

An election of officers for the ensuing year resulted as follows:

President, A. W. Thompson, '41; First Vice-President, Theo. Potter, '87; Second Vice-President, S. J. Death, '81; Third Vice-President, A. Hoeltge, '60; Fourth Vice-President, J. B. Cline, '53; Fifth Vice-President, John Wright, '54; Secretary and Treasurer, James M. French; Corresponding Secretary, A. G. Drury.

A LOCAL EVENT.

Some weeks ago one of those white-winged harbingers that ever and anon flutter through the thoughts of us poor mortals flitted into the mind of an Academy member with a simple proposition: That it would be a good thing to have an Annual Academy Dinner. The proposition of the white-winged messenger was entirely too good a thing for the young man to keep all to himself, so he hied away for a clutch at the ears of some other members, to whom the mission of his mind unfolded itself. The unfolding of the germinal bloom was immediately followed by a fructifying process that was destined to

bear fruit of the most luscious variety. The gathering from the orchard, the forest, the ocean and stream, the garden and farm, the products of the Indias and Arabia, not forgetting the vintages of famous lands and hills, were made to pay tribute, and at stated intervals served from more than sixty plates and covers at the University Club.

Never was a more elegant and bounteous repast served in this city than on the evening of March 5, 1890. As elbows touched and scintillations of wit and mirth echoed from one to another clear around the room, at the opportune hour Dr. P. S. Conner, at the head of the mahogany, just naturally assumed the office of toast-master. With a deal of humor he was scarcely supposed to possess he called out one and another to respond, while we are pleased to say there was never a failure in accepting the call. Occasionally a speaker would refer to the giants who lived in the days that are long since past, but always with the coupling wars of those times. But with one accord there was a blessing of the times of peace that we are enjoying. There was a joining of hands and hearts with the vow that wars and unpleasantnesses among members of the medical profession in Cincinnati should be forever legated to the past as belonging to a more barbarous age. So mote it be.

The members of the Academy donned their sandals, wraps, and caps in the wee sma' hours ajont the twal, congratulating themselves that the evening spent was not only a feast of fat things, but an intellectual treat that will again and again bear fruit to the everlasting honor and glory of the medical profession of Cincinnati.

The Committee of Arrangements deserve special mention. It would just delight us ever so much to tell of the

peculiar fitness of every man on that Committee for the place in which he so acceptably served, but the adjectives at our command fall far short of doing the gentlemen justice.

POLK'S MEDICAL AND SURGICAL REGISTER.—This work, which should be practically accurate in order to fill the niche for which it was designed, we find very full of errors. Cincinnati physicians who have long been dead are recorded as living, while the advertising pages contain false intelligence pertaining to so-called medical institutions in our midst, of which we never before heard—viz., the "Medical University of Ohio," the "Ohio College of Obstetrics, Medicine and Midwifery." The former is located in the advertisement at 417 West Liberty street, while the latter has apparently neither home nor habitation.

It is a matter for rejoicing that the State of Minnesota has fallen in line with Illinois in the enactment of laws for bridling and choking out all such false pretenders as the above-named frauds.

We are very much surprized at a firm like Polk & Co. lending themselves to the furtherance of the schemes of such sharks.

As it is a mighty ill wind that blows no good, it is hoped that this brazen effrontery will arouse the friends of the medical profession to a sense of the necessity for renewed efforts to have enacted by the Ohio, Indiana and Kentucky Legislatures laws similar to the Illinois enactment. Every medical college in the United States knows full well the practical character of such a law, especially where there is a John H. Rauch to look after its enforcement. Ohio has a good Board of Health and an efficient State Health Officer, but

they are sadly hampered for lack of suitable appropriations and authority. The niggardliness with which the Solons dole out about twenty-five per cent. of a necessary appropriation to this Board is not only discreditable to their intelligence, but is an actual disgrace to a people who stand up very erect and tell of the greatness of the Buckeye State, with her overplus of intelligence that spreads itself all over the country and claims the ability to worthily fill nearly all the offices of the entire Nation.

From every part of the State there should go up a personal demand on the part of the medical profession for suitable amendments to our Board-of-Health laws, in which should be a section that would be similar to the registration laws of New York and Pennsylvania.

A DISTINGUISHED VISITOR.—This week we enjoyed a call from Illinois' famous State Health Officer, Dr. John H. Rauch. The indefatigable labors of Dr. Rauch in the cause of sanitary science and the practical elevation of medical teaching all over this vast country are too well known to require any eulogy on our part. We have only to say that he is just as irrepressible as ever in the causes named, and to further those interests he is just swinging around a circle, of which this vicinity is a segment.

THE Tenth Annual Report of the State Board of Health of Illinois is on our table, embracing coroners' inquests, meteorological tables, Illinois Army Board of Medical Examiners, and official register of physicians and midwives, and including titles of institutions of medical teaching throughout the United States.

THE Fourth Annual Report of the State Board of Health of Ohio is a fitting companion of the Illinois Report.

Its contents are very valuable, and indicate the efficiency of the Board and a capability of a much greater work if properly sustained by the State Legislature.

AWAY FROM HOME TO GET THE NEWS.—We cull the following from a recent issue of the *Medical Press and Circular*:

We read in a recent number of the *Journal of the American Association* the following announcement:—"The eminent physician of London, *Sir Oscar Jennings*, relies wholly upon quinine and antipyrine for the cure of influenza; the former drug to kill the microbe, the latter to quell the pain. Also *Dr. Jennings* denominates *la grippe* as a 'bastard pulmonary rheumatism.'" The italics are ours. In the first place we have never heard of any such physician in London who labors under the name of *Sir Oscar Jennings*, and, secondly, if there is such an individual, it is quite certain that he is not "eminent" in the usual acceptance of the term. In Paris there resides a gentleman of the name of *Dr. W. Oscar Jennings*, but probably our contemporary means *Sir Oscar Clayton* of London, who, we believe, would prefer to be described not as a physician, but as a surgeon, seeing that he holds the appointment of Surgeon in Ordinary to the Prince of Wales. We certainly cannot congratulate our contemporary upon this slipshod piece of editing, nor for allowing itself to be misled by a "daily newspaper announcement" in matters medical.

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

The following officers were elected at the last meeting: President, *Dr. C. D. Palmer*; Vice-President, *Dr. Louis Schwab*; Secretary, *Dr. Jas. M. French*; Treasurer, *Dr. Geo. E. Jones*.

CINCINNATI MEDICAL SOCIETY.—

March 11, no meeting.

March 18, *DR. FITZPATRICK* will read a paper on "Tumors of the Tonsils;" *DR. WM. L. MUSSEY* will also read a paper.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending March 1, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid fever.	Croup not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
1.....	1		1		2						
2.....					1		4	2			
3.....					1		1				
4.....											
5.....	2	1	1								
6.....											
7.....											
8.....											
9.....			1								
10.....							1				
11.....					2	1					
12.....										2	1
13.....	1						4	2			
14.....											
15.....					4		1		1		
16.....							1				
17.....								1			
18.....	3							1			
19.....							1				
20.....						1	1				
21.....											
22.....						1					
23.....							1	2			
24.....					2						
25.....							1	2			
26.....											
27.....	2				1		1				
28.....	2						1	1			
29.....											
30.....							5	2			
Cin. Hosp.											
Ger. Prot. Hosp.											
Totals	11	1	3		13	3	23	13	1	2	2
Last week.	19	2	6		14	4	19	10	7	3	1

The following is the mortality report for the week ending March 1, 1890.

Croup.....	2
Cerebro-Spinal Meningitis.....	1
Diarrhoea.....	1
Dysentery.....	1
Diphtheria.....	13
Measles.....	1
Typhoid Fever.....	1
Whooping Cough.....	3
Other Zymotic Diseases.....	5—28
Cancer.....	1
Phthisis Pulmonalis.....	15

Other Constitutional Diseases.....	5—21
Apoplexy	1
Bronchitis.....	10
Convulsions.....	5
Heart Disease.....	4
Peritonitis.....	1
Pneumonia.....	18
Other Local Diseases.....	18—57
Old Age.....	1
Premature Birth.....	1
Other Developmental Diseases.....	11—13
Accidental.....	4
Suicidal.....	1—5

Deaths from all Causes.....	124
Annual Death-rate per 1,000.....	19.84
Deaths for corresponding week in 1889.....	114
Deaths for corresponding week in 1888.....	112

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Reports to the Ohio State Board of Health from 20 observers for the week ending February 28, 1890.

Form of Disease. In the order of prevalence.	No. who reported cases.	No. of cases reported.	REMARKS.
			Infectious Diseases as reported to health officers in 54 cities and villages during the week ending February 28, 1890:
Bronchitis, acute....	10	29	
Tonsillitis.....	10	27	
Diarrhoea.....	7	19	Diphtheria: Columbus, 3 cases, 1 death; Cleveland, 12 cases, 3 deaths; Toledo, 12 cases, 2 deaths; Springfield, 4 cases; Mansfield, 1 case; Findlay, 2 cases, 1 death; Middletown, 1 case; West Liberty, 1 case; Ada, 1 case
Pneumonia.....	6	11	Scarlet Fever: Columbus, 4 cases; Cleveland, 16 cases, 1 death; Toledo, 2 cases; Springfield, 4 cases; New Straitsville, 6 cases; Canal Dover, Massillon, 5 cases; Chester Hill, 4 cases; Uhrichsville, 4 cases; West Cleveland, 3 cases; Defiance, 2 cases; Tiffin, 2 cases; Pioneer, 2 cases; Fostoria, 1 case; Oberlin, 1 case; Urbana, 1 case; Canton, 1 case; Findlay, 1 case; Ravenna, 1 case.
Rheumatism, acute.	6	7	
Consumption, pul.	4	7	
Measles.....	3	42	
Scarlet Fever.....	3	6	
Pleurisy.....	3	4	
Remittent Fever..	2	3	
Puerperal Fever..	2	2	
Diphtheria.....	1	2	
Intermittent Fever..	1	1	
Typhoid Fever.....	1	1	
Croup, membranous.	1	1	
Whooping-Cough..	0	0	
Cerebro-pin. Men.	0	0	
Typho-Mal. Fever..	0	0	
Cholera Infantum..	0	0	
Cholera Morbus....	0	0	
Dysentery.....	1	1	
Erysipelas.....	4	7	

Typhoid Fever: Cleveland, 3 cases, 1 death; Springfield, 1 case; Ada, 1 case; Millersburg, 1 case.

Measles: Cleveland, 89 cases, 8 deaths; Springfield, 2 cases; Canton, 3 cases; Massillon, 6 cases; Findlay, 16 cases; Ada, 14 cases; Lorain, 10 cases; Springboro, 4 cases; Ashley, 1

case; Clyde, 4 cases; Warren, 5 cases; West Milton, 1 case.

No infectious diseases reported from the following places: Brookfield, Garrettsville, Dalton, Lancaster, Belleville, Aberdeen, Norwalk, Wellston, Bainbridge, Rawson, Smithville, Shawnee, Salem, Wooster, Adrian, Youngstown.

C. O. PROBST, M.D., Secretary.

MISCELLANY.

A MISTAKE—Mrs. Briske: "Johnny, did the doctor call while I was out?"

Little Johnny (stopping his play): "Yes'm. He felt my pulse an' looked at my tongue, and shook his head and said it was a very serious case, and he left this prescription, and said he'd call again before night."

Mrs. Briske: "Gracious me! It wasn't you I sent him to see; it was the baby."—*New York Weekly*.

OLIVER WENDELL HOLMES.

ON HIS 80TH BIRTHDAY.

Climbing the path that leads back nevermore,
We heard behind his footsteps and his cheer;

Now, face to face, we greet him, standing here

Upon the lonely summit of Fourscore.

Welcome to us, o'er whom the lengthened day
Is closing, and the shadows deeper grow,
His genial presence like an afterglow.

Following the one just vanishing away.

Long be it ere the Table shall be set

For the last breakfast of the Autocrat,

And Love repeat, with smiles and tears
thereat

His own sweet songs, that time shall not forget.
Waiting with him the call to come up
higher.

Life is not less, the heavens are only
nigher.

—JOHN G. WHITTIER, *Phila. Enquirer*.

WELL-DRILLED. — Mrs. McPhe: "Phat's dthe matter wid yez man the day, Mrs. O'Hay?"

Mrs. O'Hay: "He hild dthe dhrrill fur two crosseyed Ottalians yesterday, an' dthe doctur sez it's nervous preparation he has."—*Puck*.

DOUBLED.

Said Johnny, when green apple cramps
Rebuked him for his sins

And bent him forward and reverse:

"Oh! run and get the ginger, nurse,

Oh!! Oh!!! I couldn't feel no worse,

Boo hoo!!!! ef I was twins."

Translations.

MOLIERE AND GUI PATIN.

EXTRACTS FROM A MEDICO-LITERARY
STUDY OF DOCTOR NIVELETS..

TRANSLATED BY
THOMAS C. MINOR, M.D.
CINCINNATI.

CHAPTER I.

SUMMARY:—*The time of Moliere was an epoch of transition for philosophy, medicine and the sciences.—The most grotesque of medical types were observed by Moliere.—An insight as to the prevailing medical doctrines.—The incoherence and confusion of professional opinions in that age.*

The epoch of Moliere, that is to say, the medical period that corresponds with the dramatic existence of his genius, is one of the most curious studies: from the double standpoint of viewing medicine as a science, and the moral aspect of the profession. Confused, embroiled, in its scientific aspects, as are all periods of transition, it is beyond this devoid of interest; yet, on reflection, we soon perceive that this period of passionate medical controversy, of disputes full of hatred, prepared the future for the more modern medical systems.

In philosophy it was a remarkable epoch when the scholastics, although still bound down by servility to Aristotle, succeeded in shaking off the yoke of theology, of which it had too long a time proclaimed itself the humble vassal; when the innate ideas of Descartes and the whirlwinds that these cast on the world of thinkers, astonished and stupefied those accustomed to routine.

For medicine it was the hottest period in its history, a veritable battle-field of thought, a struggle where the Arabic doctrines were debated under the restrictions of scientific dogmatism; on one side was Galen and his rationalism for a standard; on the other side the banner of Paracelsus waved with its fascinating mysticism. It was the epoch when the fierce Van Helmont entered the fight with his ferments, which, in the hands of Sylvius de la

Boe, served to glorify German chemistry.

It was the period when chemistry, casting off its swaddling clothes and first feeling its strength and future greatness, imposed on medical therapeutics its empirical combinations and its preconceived theories.

It was an epoch, finally, when anatomy made new daily observations, and a fuller knowledge of physiology grew manifest with Harvey's magnificent discoveries on the circulation of the blood. So much for the science!

In connection with the tastes, habits and passions, was it not the epoch when the schools, developing up to the point of mania the spirit of controversy, enthroned syllogism in the chairs, and consecrated to society even the tyranny of the word—*ergo*!

Was it not an intolerant epoch, which, bearing still in its breast the numerous vestiges of barbarity and the prejudices of the Middle Ages, raised between the professions, and often among members of the same family, quarrels on questions of the most trivial character?

Was it not the period when the school of medicine, proudly raised by means of its specially granted privileges, humiliated by every imaginable method the modest school of surgery, its sister?

Was it not the epoch when the spirit of the system bitterly contested with rival sects and flung on another profession, that of pharmacy, the hatred it bore against certain medicinal remedies?

Finally, and from another standpoint, was it not the wicked epoch when the venality of Mazarin put up at auction the places and positions of the most important and honorable character, when favorites, men of no capacity and odious to the profession, were ridiculed for holding eminent appointments—was it not a day when true merit went unrecognized and could only get revenge by exhaling its bile in diatribes and sarcasms against unworthy rivals?

This picture traced in outline will suffice to make one understand the gro-

tesque types of doctors who posed before Moliere, and the exuberance with which he has filled in his colors to the portraits can not be considered unnatural. Moreover, if we go over the thoughts of this epoch and read the memoirs of the times, the libels, pamphlets, personal letters, we obtain a clear insight into medical morals. We assist at a dogmatic consultation, we dispute in the schools, animated by self-conceit and passion we plead for professional privileges or launch anathemas against antimony and the school of pharmacists. We seem to see the great painter of doctors provided with rich colors, seizing his figures at leisure, a smile upon his lips, and we are forced to recognize the fact that, in his portraits, Moliere most often took Nature for his study.

To seek in the scenes of public life of the 17th century the salt from which Moliere drew the inspiration for his medical satires, is a subject interesting alike to the physician and literary man. But, before approaching this delicate matter, it is indispensable to prepare the reader by the examination of the following questions:

What, in the days of Moliere, were the prevailing medical doctrines?

What were the characteristics and particular merits of the most remarkable men who took part in the controversial struggles of that epoch?

These questions will form the programme for this first part.

At first approach, it appears difficult to disentangle, in those times of scientific anarchy, the more less precise lines followed by each practitioner. Such a one, in his writings, invoked Galen, but at the same time sacrificed to the paganism of Paracelsus, deriving from the Arabian school its talismans and constellar rings, fond too of the astrology of Cardan.

Another writer, exposes with care his humoral theories, but by a monstrous alliance for the epoch, combines them with vitalistic and other theories.

Some wrongly apply an incoherent polypharmacy, but rationalize its practice, and by ridiculous explanations, merit at least the qualification of empirics.

Some make a buckler of the names of Hippocrates, Galen and Fernel, but confine all their theories to the narrow-mindedness of Botalists.

All, or almost all the physicians of the period, hold Hippocrates to be divinely inspired, but all are far from avoiding, as he did, vain speculation, and confining themselves exclusively to observations based on experience.

All rightfully disputed, *ergo*-tising, from their chairs in the Faculty, in their books, in their conversations, in their personal letters. All acknowledged their pretensions to dogmatism, and, besides, each man and each clique of men formed a distinct sect. Each sect endeavored to injure the other sect by the word charlatan. Each sect accused its rival sect of ignorance, denying them their faith, claiming it to be based on shameful statements, that they held false convictions from love of gold.

Meantime, in the midst of this chaos of such dissimilar opinions, and animated too often by self-conceit and envy, it happened that among medical practitioners two distinct classes became distinguishable, i. e., the Dogmatics and the Eclectics.

CHAPTER II.

SUMMARY:—*The School of Paris.*—Riolan, Gui Patin.—*Doctrine of bleeding.*—*Disgust of Gui Patin for pharmacy; his hatred of chemistry and alchemy.*—*Moral parallel between Dogmatism and Eclecticism.*—*Charlatanism and venality of the age.*—*Madam de Sevigne.*

The doctrines of Galen, conserved and brought into Europe by the Arabs during the Middle Ages, were sufficient to furnish, for the time, an adequate food for minds hungry for instruction in medical science.

Based on organic phenomena apparent and appreciable, seasoned by abstract and metaphysical views, and, above all, accompanied by the brilliant subtleties of Aristotle's philosophy, they had the great advantage of satisfying at once the most positive spirit, and at the same time opening to the imagination a field sufficiently vast to contemplate. It was Dogmatism, but, so tempered by the diversity of its views and its princi-

ples, that it often excited the most lively opposition among its more fervent adepts.

At the time of Moliere, these doctrines, anteriorly shocked by Paracelsus and unsettled also by Van Helmont, remained in refuge under the protection of the School of Paris. Defended in the previous age by Fernel and Durel, they had afterwards for high priest Riolan and his devoted followers.

But it is necessary to recognize the fact that this devotion of the School of Paris was more apparent than real; it existed more in quarrels and disputes than in practical support. The name of Galen, however, was a powerful arm to oppose to rival medical parties. If the School of Paris combatted with the School of Montpellier, we can say that the latter, with all its Eclecticism, respected more and applied better all the precepts of the physician of Pergamos.

It is curious to note, in the writers of that period, how absolute are the pretensions that each sect supports, for that word, so full of pride when applied to sciences of speculations, Dogmatism.

Messionnier, the extravagant and erratic physician of Lyons, who treats of spiritual diseases, of astral influences, of the intervention of angels in our affections and cures, has taken care to entitle his work, "A Treatise on Medicine according to Dogmatical and Chemical Principles." Certainly the fool theories of this man authorized him to monopolize the use of the great word.

Gui Patin, the most incisive and erudite physician of that time, raised for himself and friends in the School of Paris the incessant pretension to the title of Dogmatic physician. He rightly refused to grant this title to those who, while professing Galenic doctrines, followed new ideas, chemical or otherwise.

We could believe, in noting his animosity against the least deserter, an adoration for Fernel and Galen, as he exclusively followed to the letter the principles laid down by these celebrated men. This is nothing, however, to the dogmatic way in which he asserts himself against those who are the butts of

his remorseless and virulent sarcasms. In 1663, he wrote, *apropos* of "A Treatise on Fever by Sennert":

"This work is a beautiful city wherein to pass time: Galen and Fernel dwell herein. These two contain a doctrine firm and constant enough to die in until such a time as God shall, by some miracle, lead us to see a contrary way. How shall we employ our new Empirics—such prophets as only make a noise and are good for nothing save to ring bells?"

But, in 1669, he added: "The beautiful and good records of our avocation are in the prognostics of Hippocrates and the methods of Galen, with the book of bleeding; which if that is not sufficient we add Botal."

This is his system avowed, although he may pretend otherwise in all his letters. He shows himself no more dogmatic in the Galenic sense, and abuses Guenaut, Valot and Riviere without cessation.

The great differences which exist between them as practitioners, arises from the interpretation they give to the principles of Galen himself. The ones see in the majority of maladies a condition of humoral plethora, and conclude to evacuate; the others, see a state of sanguinary plethora, and conclude to bleed.

"Our Parisians," says Gui Patin, "take little exercise, eat and drink too much, and become very plethoric. In this state they are never relieved from disease when it comes to them if copious and continued bleedings be not employed." Elsewhere he adds: "As for the bleeding here—we bleed not so much from custom as from necessity, and follow rules and indications. The pretended reformers and legislators always complain, but advance nothing. It is no great thing to tell a man that he is not on a good road, but, show him what better way he can travel. Some strangers blame our frequent bleedings who know not the cause nor its necessity. If we bleed too much let them give us a remedy to abstain, and what remedy do they propose to take the place of bleeding? In waiting, let the discontented speak. God suffers ty-

rants, usurers and blasphemers of his holy name to exist."

His dogma of bleeding offers no other arguments.

The systematic views of the School of Paris were pushed blindly, and Gui Patin believes it is duty to report, as conclusive in favor of bleeding, the following observations:

First Observation. — "About the year 1663, Doctor Coussinot, who is today physician to the King, was attacked with a rude and violent rheumatism, for which he was bled sixty-four times in eight months by order of his father and Doctor Bouvard his father-in-law. After being bled so many times, they commenced to purge him—he was soon relieved, and ended by recovery. These medical idiots who do not understand their business imagined that the purgings cured him, but they are deceived in this, for, if the previous bleedings of a copious nature had not repressed the impetuosity of the vagabond humors and emptied the great vessels, thus relieving the intemperance of the liver which produced the serosity, the purgations would not have been beneficial."

Second Observation.—"I once treated, in this city, a boy of seven years who fell ill with pleurisy from playing while overheated at tennis, and who also received a kick in the right side which provoked a great fluxion. This child's tutor hated bleeding, and I could only oppose this prejudice by good advice and a consultation with my old-time friends Seguin and Coussinot. The child was bled thirteen times, and cured in fifteen days as if by a miracle. Even the tutor was converted to phlebotomy."

Third Observation.—"I saw, not long since, a gentleman from Brittany aged nineteen years, naturally very devout, who had become melancholic, and to this melancholia succeeded a species of mania with a continued fever and frightful convulsions. A monk feared that the man was possessed. He was so tormented by fever that he became frenzied, and it was necessary to tie him down. To this frenetic delirium succeeded two other symptoms, i. e. epileptic movements and hydrophobic passion like one of those who are bitten

with an enraged dog, for he had profound thirst with the aversion for all liquids. He was bled in the arms and feet twenty-two times; he was purged with more than thirty purgatives of cassia, senna, and syrup of roses, with such success that he finally recovered and came to his senses. There are doctors who cry miracle at the least event, but, Nature alone, the knowledge of disease and the application of proper remedies, go further."

These three observations which he gives, in his letters, have a high significance, and certainly prove that bleeding assisted in these cures. But one must be dominated by a firmly fixed idea to only see the miraculous power of bleeding without duly crediting purgation and intestinal revulsion as adjuncts to the *vis medicatrix naturæ*.

The disgust felt by Gui Patin for all polypharmacy, and the acrimony he indulged in against those who favored it, explain and justify this sentiment, for the multiplicity of drugs threw therapeutics into confusion—a confusion so great that even for the public it served as a text to the detraction of the medical art. Was Montaigne not right in saying, before this epoch:

"From all this mess having made a drinking mixture, is it not a sort of dream to hope that all the medicinal virtues will divide and escape from this confusion and melange?"

Certain it is, we can understand how a man in love with his art and penetrated by the dignity of his profession, as Gui Patin was, should revolt at the senseless formulas, the ordinary sources of charlatanism, which from the most remote periods of time have spread a false science.

Meantime, to explain his incessant aggressiveness against the majority of practitioners of his age, and especially against the Court physicians, we must take into consideration the rivalry, and even jealousy, that too often animated him:

"The bleeding of the Princess, daughter of the King (1663), was very much criticized. Princes are unfortunate in having physicians. Blaise de Montheuc, Marshal of France, has noted this

fact in his 'Commentaries.' The education of Louis XIII, the death of Gaston, Duke of Orleans, his brother, and that of Mazarin are proof of this. The little Princess died from a blow received on the head which had produced a concussion of the brain, causing convulsions and death. Then she had not wanted for bleeding. There were many gentlemen resembling that painter of whom Pliny speaks, who could not be prevented from always touching up his pictures. When a picture is finished it needs no retouching. It is only necessary to give remedies to those who can be relieved of fear; as Celsus remarks, to defame remedies that have been salutary to many others is absurd. I have bled an infant of three years for erysipelas in the throat; it still lives, aged thirty-five years. I bled the daughter of Lambert de Thosigary the sixty-second day of her life; she is aged ten years to-day. The application of heroic remedies at so tender an age demands much judgment. Guenaut knows not much more than he does; he has neither memory nor sense; he has only avarice and ambition in his soul; it is a great pity he is in his dotage."

This vague and too declamatory criticism is far from clearing up the facts in the case, and only serves to prove that on all occasions the Dogmatics found time to bite their adversaries.

It is characteristic of the spirit of the system to put out of their senses those it dominates and to make them unjust in regard to all differences and everything new. How many men of celebrity, if they lived in our day, would blush at the passion which they once employed against discoveries that are now the glories of science and civilization?

It would be difficult to understand the violence and hatred of Gui Patin against the chemists of his time, against the men who prepared the foundations of actual medicine, if we did not recall the alchemical and cabalistical dreams that surrounded the cradle of our science, and that such things properly excited the disgust of all positive spirits.

Certainly it would be very difficult

to a true philosopher to take as serious the investigations of men who, for the most part, immured themselves in their laboratories in the hope of discovering a universal remedy, or the philosopher's stone.

Then, Charlatanism, brazen and ignorant, was it not, as to-day, impudently applying all new ideas and throwing doubt on the most conscientious and honorable works?

It is necessary to reflect, then, without doubt, in order to justify Gui Patin for the animosity he displayed against men of incontestable merit, whose discoveries were of real utility, for it was Gui Patin who dared to say of Van Helmont: "He was a wicked Flemish rogue, who died mad some months since. He has never finished any work of value. I have seen all he has done. This man only meditated on a medicine of chemical and empirical secrets, and to overthrow things more quickly he wrote strongly against the use of blood-letting; he died, from the want of the remedy he contemned, in a delirium."

Posterity, less unjust, has overruled the judgment of Gui Patin by placing the name of Van Helmont in the ranks of men of genius.

The following passage will lead us to see by what sad reasoning the Dogmatics refused to receive cinchona on its first appearance in Europe:

"This powder of kinakina has no merits on its part. The fools run to purchase it because it costs dear, but its effects having failed we mock it to-day. I treated a girl with quartan fever, so that its access was reduced to two hours only, but her mother, growing impatient at the noise made by this Jesuit powder, bought forty francs' worth with which to indulge her great hopes. The first attack after this lasted seventeen hours, and was much more violent than any previous access; to-day this mother still fears fever in her daughter, and regrets the large expenditure of her money. Thus the world goes—he who is a fool always wishes to be deceived. This powder is hot, and does not purge in any way. They claim it is diaphoretic. These are mere fictions, as well as all that is claimed for the virtue of

viper's flesh, which a few of our profession still use."

This passage dates back to 1653, but we see that the *amende honorable* is made in 1661, which we republish because of its interesting views on the subject of quartan fever.

"The kinakina makes no miracles; when the body is well cleansed by bleeding and purgation it may, by its heat, resolve or absorb the remains of the morbid material—at least it does not cause it to be reheated. Those in whom the fever has ceased have not been altogether cured, for it returns, although they may have been well purged. The obstinacy and duration of these quartan fevers arises from the bad and almost carcinomatous disposition of the spleen, which occupies the substance. I have never given kinakina, and have known those who take it to become dropsical. I would not purge at the end of a quartan fever—it seems to be too hazardous a procedure; but I often purge at the termination of the access with much success. Even during the period of great heat I have sometimes made patients swallow some large glasses of senna tea as a laxative; this opens the belly and throws off a part of the cause; it prevents, too, the great sweats of which patients often complain. To bleed at the commencement of an attack,—I never dare do it; it would be imprudent, and too daring a thing to undertake."

In the study of the characteristics of this epoch, the title of Dogmatist, as understood by Gui Patin, too often signifies exclusivism, intolerance, pride; let us understand that from another point of view it designated an individual full of noble and generous sentiments, delicacy and loyalty.

Everything is connected in the moral as in the physical world. Dogmatism, by the profoundness of the convictions it induces, acts upon the heart of man and develops in it more of the spirit of generosity, more abandon, more freedom, more disinterestedness. It seems that the enthusiasm of the mind for an idea, for a principle, enlarges the moral faculties and develops out their most beautiful qualities.

Eclecticism, which admits all ideas and is attached to no particular one, which to-day caresses a system that it repudiates to-morrow, only to take it up and throw it off again, is a sect based on a cold and sceptical philosophy. Is it liable to dull the heart and plunge one into moral indifference, into egotism, into sordid calculation?

As much as writers intimate with Gui Patin see his malignity, the injustice he employed on all occasions against his scientific adversaries, he has demonstrated, nevertheless, the reasons why he was angered against the medical schemers of his day and their too frequent turpitudes. In the year 1637 he tells us that "a quack, the better to sell his medicine, addressed a man of honor, the Dean of the Faculty, Dr. Perreau, in order to obtain from him, by means of a large sum of money he offered, the approbation of the Faculty for his goods. This was refused with dignity. This charlatan then addressed Dr. Gorris, who received from him a considerable present on promising to secure the signatures of several physicians to the laudation of a proprietary medicine sold on the Pont Neuf: these scoundrels starved for money were the two Chartiers, Guenaut, Le Soubs, Desfourgerais, Ramisant, Beaurains, Pijart du Cledat, Renaudot and Mauvillain. This Italian impostor, not content with such signatures, attempted to have the approbation of the entire Faculty, and accordingly pressed the new Dean, who was Dr. Pietre, my predecessor, offering him a bribe of four hundred crowns. The new Dean, having heard from the charlatan's own mouth all that De Gorris had done for him, caused the entire medical Faculty to be assembled and scored these twelve physicians who had taken bribes for their opinions, accusing them of weakness and wicked action, and they were expelled from the Faculty by a solemn decree. Some were afterwards taken back after humbly craving pardon of their more honorable brothers in open meeting. Here we see the prowess of this De Gorris with a quackish mountebank; but it is not his fault, it is only his custom."

Always prompt to inveigh against doctors who only saw crowns and francs in their profession, as in the case of Guenaut, he laid down the rules of conduct he imposed on himself. Says he: "I always travel my own road, that which many others dare not or wish not to do. If I complain of my fortune, I shall say with Horace,

"Sed me literulas stulti docuere parentes."

"Good friends have done what they could for me. The majority of the rich are fools, tyrants, presumptuous and ignorant asses. I live without ambition. I have no criminal desires. Nothing prevents me from sleeping soundly save pity for the poor and suffering."

Supplanted by Valot in a family which, up to that time, had great confidence in him, he wrote, with bitterness: "I learn that Valot goes there and gives them powders, mineral waters, and pills, and that they left me because I gave too little medicine. If those of the family I treated for three years were dead, they might have said, 'He killed some of them.'"

The taste of the public for drugs of a multiple and compound character, the trashy admixtures of the apothecary, as he says, explains the marked favor which the Eclectics enjoyed as practitioners. A passage from the letters of Madam de Sévigné proves how much, in the fashionable world, the question of bleeding was discussed:

"The poor Chevalier," writes she on the 10th of February, 1672, "was rudely phlebotomized. He resisted the latter treatment, which was the eleventh time he was bled, but the doctors had their way; he told them that he abandoned hope then, but to kill him according to form."

Certainly there is no reason to be astonished that the majority of physicians to the Court—Guenaut and Valot—were appointed by the influence and venality of Mazarin. But, aside from this consideration, the fashion of having certain Eclectics near the upper classes of society is no less evident. Gui Patin, although on terms of intimacy with Lamoignon, was not his physician. He declares himself, with pain, in the

midst of his egotism, that he knew how much sought after, in conversation, was his erudition. In spite of his eminent position as professor and Dean of the Faculty, the persons whom he treated are rarely mentioned in his letters, and he cannot dissimulate in his satires the more advantageous positions of the Eclectics, his adversaries.

We understand by Eclectics those who, at that epoch, while following Galen's dogmas, also applied new ideas in their practice; those whom Gui Patin abused without stint by the titles of empirics, charlatans, chemists, Paracelsists, and semi-dogmatics.

Before dwelling on their polypharmacy and their antimony, the great subjects for controversy in that age, it is necessary to investigate their rules of conduct in regard to phlebotomy. The exaggerations professed by Gui Patin on this subject, and his continued animosity against the majority of his *confrères*, would lead one to believe that a great number of practitioners at that day were absolutely opposed to bleeding as too powerful a therapeutic agent. This was not the case, however. The reading of his letters proves to the contrary that Vautier, Valot, Guenaut, and others, resorted to bleeding within reasonable limits, and conformed more to the precepts of Galen and Fernel than Gui Patin himself.

Let us now mention in a few words the doctrines of that period.

The maladies most common at the time were said to proceed from a surcharge or engorgement of the body with bile, a melancholy which mixed itself with the blood and needed to be treated by purgation. Plethora was a preponderance of all the humors and of the blood itself. It must be treated by bleeding.

If the cacochymy had a bilious predominance, it would become more violent if one removed from the bile the blood that tempered its acrimony.

If it were pituitous, its crudity would only be augmented by bleeding, the fluid would be thickened, and even the natural heat would be often extinguished.

If it were melancholic, bleeding was

still more injurious, because the disposition being cold and dry, there was want of heat and humidity when blood was abstracted.

These five propositions were the foundation of the disputes of the epoch.

Diseases, say the Dogmatics, arise from the corruption which is in the blood, and consequently in the veins. It is necessary to bleed and rebleed up to the point that laudable blood appears. The Eclectics respond that the corruption cannot be removed by bleeding; that it cleans not the grossness, nor the thickness, nor the viscosity; that it does not dissipate any obstructions. They are sustained by Galen, who establishes that corrupted humors must be expelled by the bowels, by vomiting, or by sweating. He admits bleeding in true sanguinary plethora; but in the cacochymys the more the blood varies from its natural purity the less reason there is for abstracting the vital fluid. The sick say they, when treated thus, end by rendering up their souls rather than laudable blood; for the trunk of the veins emptied by bleeding can only be refilled by drawing on the smaller veins, which in turn draw their supply from the seat of those organs in a state of corruption.

That which tends to throw confusion on all these doctrines is that neither sect gives any precise symptoms of the cacochymys, and on this fundamental point they reciprocally contradict each other. All their quarrels, all their disputes, might vanish before that passage from Hippocrates, so judicious and conciliatory:

"If man," says Hippocrates, "were only made of a single material, diseases would be unknown to him, for if attacked he could be cured by a single remedy. But, being composed of many materials, some of which become heated and others cool, some which dry and others which moisten, many different diseases arise and it is necessary to give diverse remedies."

At that period, more than any other, perhaps, they knew how to invoke, during medical disputes, authorities that they did not always respect.

To this doctrine of cacochymys, wholly Galenic, and the issue of Hippocratism, if we add the blind notions of empiricism and the new lucubrations of the chemists, we have the principal foundation of Eclecticism in the seventeenth century. It was from this source that arose, previously, the undigested collection of medicamentals agents taken from the three kingdoms of Nature which constitute the *materia medica* of Discorides, commented and augmented by Mattioli in an immense folio.

It would not be of any interest here to give the long list of various remedies, the dessicatives, deobstruants, cholagogues, etc. All these classifications of drugs, based on the properties or therapeutic virtues invented by humoralism, are of no value to modern medical science.

For the rest, in our study, we shall only choose the exclusively practical works, the most proper examples, in order to make understood the Eclecticism of this epoch. We will take in the century of Riviere, one of the celebrities of Montpellier whom Gui Patin abused so violently.

Observation LVII. Continued Fever in a Small Child.—"In the year 1632, in the month of January, the daughter of M. Davenes, aged seven years, had a mild but continuous fever, being higher towards evening. The attack commenced with vomiting of mucus, which only lasted a day. Her urine was pale, its odor bitter and offensive. I ordered a potion of an infusion of a drachm of rhubarb with an ounce of syrup of roses. Before this medicine was administered another physician was called in, who wished to prevent its administration, as he preferred to bleed the child. Nevertheless the rhubarb was given, and the child vomited up a foul mucus of thick and rotten character. I ordered a clyster to be given that same evening with half an ounce of double catholicum, which operated with the remedies she had taken. She voided from her belly five times during the night a dark, stinking, bilious matter. She had but little fever next morning, was entirely exempt at

noon, and perfectly well in the evening. We see from this observation how much physicians err when they think to commence the cure of all fevers by bleeding, seeing that such fevers in children most often proceed from feculent matters retained in the system, which are perfectly evacuated by purgation. Now, the mucus vomiting and the flux from the belly indicated such a redundancy in this young girl."

We may say that the therapeutics followed by Riviere, in this observation, would have obtained the approval of Galen himself, and even modern medicine would not dispute the sound sense of this method of treatment. This observation is proof that the Eclectic practitioner studied the indications of his case with care, and that, while an advocate of bleeding, he knew perfectly well how to avoid the routine of the Botalists.

Gui Patin, with his fixed idea on the value of phlebotomy, was far from always having such practical and judicious views. "The King," says he, in one of his letters, "was bled three times this week for an attack of bilious diarrhœa."

Here, also, the true indications escaped Gui Patin, as well as the physicians of Louis XIV. Repeated bleedings could only injure under such circumstances, whereas a purgative would have worked marvels.

Observation XLIII. Malignant Fever with Mumps.—"In the year 1623, after the siege of Montpellier, a malignant fever was developed which lasted several months—a fever so fatal that half those attacked died. Particularly fatal was it to those whose parotids were attacked on the ninth and eleventh days of the disease; these almost all died. Now, as I had seen many whom I could not save by stimulating remedies, I commenced to think that the parotids were at fault, inasmuch as they were not capable of containing all the morbid matter poured into them; this matter being the cause of death, it was necessary to supplant the work of Nature. Although the patients had frequent pulses and were

in agony, I bethought me of that sentence from Cornelius Celsus, to wit, that we put several things in use in cases of evident peril that we would not do at any other time, and that it is better to experiment with a doubtful remedy in one or two cases than to leave a great number of people die. I therefore prescribed a bleeding, renewed several times, in small amounts, on account of the feebleness of my patients; the next day I ordered purgation, and by this method all those who were thus treated escaped: not a one died thereafter."

At the present day we would say that these small bleedings repeated slowly aided vital action. Whatever may be the explanation of its action, the physician was certainly to be honored for his medical acumen.

We might give here examples of polypharmacy that the Eclectics knew how to employ, especially in the treatment of chronic maladies—but what good would it do to cram our pages with this nonsense, the balderdash of the apothecaries that so vulgarized medical art.

If Gui Patin inveighed against the majority of the physicians of Montpellier, and was often very unjust, his bile and incessant outbreaks of wrath were fully authorized by the following observation:

Observation LXII. Whitlow.—"In the month of March, 1651, the daughter of Baron d'Aumelas had a whitlow on the index finger of the right hand that tormented her most cruelly for four days, so that she had no sleep at night. The pain was very violent, and I ordered her to put her sore finger in a *cat's ear*, and in two or three hours she was cured. She felt that at intervals her pain was drawn into the cat's ear, but still extended up her arm along the humerus. During this time the cat meowed bitterly, making known by its cries of agony that it suffered from the pain of the venom drawn into the ear, for a whitlow is a poisonous swelling. Her hand was swollen, but afterwards relaxed except the finger, which was free from pain."

Here we see the Eclectics admitted

all, believed in all, and certain of their beliefs, could only inspire pity among positive men.

Aside from these medical cases, if we seek in the works of Riviere for facts concerning his personal character, we are forced to recognize him as fully meriting the qualifications of liar, charlatan and blow-hard bestowed on him by the vengeful Gui Patin.

Possessor of a febrifuge which was nothing more at its base than calomel, he multiplied the cures he made with this remedy, being its sole agent and holding its preparation as a secret. It was only late in his life that he gave to mankind the method of making his preparation, and we can still see the evidences of the charlatan in the following mystical language:

"I have not wished to give a very clear description of this remedy up to the present time, yet its virtues have been known for seven years. Nevertheless, to satisfy investigators who endeavored to discover this secret of nature, I shall give a vague insight slightly covered by the veil of mystery, so that infants in the art may explain its action and discover its qualities by closely applying themselves to the study of the secret. This precious medicine is composed of a trifle: Hercules elevated to its highest strength by twelve works, to which is added the fourteenth athlete that accomplishes the work. To infants it may be given in doses of fifteen grains, and to adults in doses of from twenty to forty and upwards."

Can these words be considered worthy of a great mind, of a consultant, physician to the King, and Dean of the University of Montpellier?

At Paris several physicians of the court, Valot and Vautier, founded their celebrity on certain secrets in which they excelled, as in the preparation of antimony. This mercantile pretension led Gui Patin to remark:

"These charlatans disgrace themselves with their chemical remedies, endeavoring to pass for more learned and skilful men than other practitioners; but they deceive the public most often, and in place of being physicians are

poisoners. They vaunt of preparations that are impostures."

The angry Dogmatic, Gui Patin, then adds, with vindictive glee, that bitter epigram against Valot on the death of Henrietta, Queen of England, *i.e.*:

Le croirez vous race future,
Que la fille du grand Henri.
Eut en mourant meme aventure,
Que feu son pere et son Mari,
Tous trois sont mort par assassin;
Ravillac, Cromwell medecin,
Henri d'un coup de baionnette
Charles First sur un billot.
Et maintenant meurt Henriette
Par l'ignorance de Valot.

[TO BE CONTINUED.]

IS THE GASTRIC JUICE A GERMICIDE?

Drs. Straus and Wurtz have conducted a series of experiments in order to ascertain the action of the gastric juice on the bacilli of tubercle, charbon, typhoid, and cholera morbus. The juice from man, dogs, and sheep was selected for the experiments. It was found that digestion for a few hours at a temperature of 100° F. destroyed all the germs. The bacillus anthracis was killed in half an hour, the bacillus of typhoid and cholera in under three hours, whilst the bacillus of tubercle bore digestion for six hours, under which time it was still capable of provoking general tubercular infection. Even when digested for from eight to twelve hours the bacillus was still capable of producing a local tubercular abscess, not followed by general infection. Over twelve hours' digestion destroyed it completely. The germicide influence of gastric juice appears to be due to its acid contents, as it was found that hydrochloric acid alone, dissolved in water in the same proportion as it is in gastric juice, proved as active a destroyer of the bacilli. The pepsin appears to have no influence on the germs. MM. Straus and Wurtz, who publish their researches in *Archives de Médecine Expérimentale*, wisely remind their readers that the germs, when protected by animal and vegetable tissue and introduced into the stomach in ordinary nutrition, are not exposed to so direct and prolonged action of the acid

constituents of gastric juice as in these experiments.—*British Med. Journal.*

SULPHUR AS AN ANTISEPTIC.

At the International Congress at Paris, Dr. Semmola, of Naples (*Wiener Medizinische Presse*, No. 34, 1889) spoke of the value of sulphur as an antiseptic in medicine and surgery. He has used sulphur to disinfect the intestinal canal, giving washed sulphur in doses of 1 to 2 grammes every hour in a large quantity of water. The drug was well borne and 20 grammes were taken daily without bad results, the stools under its use becoming perfectly sterilized and deodorized. Besides its internal administration, the author sprinkles the bed-clothes with sulphur several times daily. He also recommends its use to surgeons as an antiseptic.

—*International Journal of Surgery.*

A SIMPLE STEAM BATH.

In an Edinburgh professional journal a simple and ingenious contrivance

is mentioned, to admit of the continuous inhalation of steam fumes by patients suffering from diphtheria. This is nothing more than the fixing of an open umbrella to the bed, or suspending it from the ceiling, and throwing over this a large sheet, which, falling in a tent about the patient, will surround him with the atmosphere of steam. The steam is supplied by a pipe connection with a kettle or other boiling contrivance that passes beneath the tent. The suggestion is so admirable and feasible that we are sure it will be welcomed by many physicians, who are sometimes at a loss, in the absence of especially devised contrivances, to know how to effect with simple means the end desired in such cases.—*Babyhood*, Feb., 1890.

A BILL has been introduced into the U. S. Senate, defining "total helplessness" as applying to all persons who lost a leg or an arm at or so near the joint that an artificial limb cannot be used, and granting all such persons a pension of \$72 per month.

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Addresses.

VALEDICTORY ADDRESS.

Delivered before the Graduating Class of the
Miami Medical College, at the Com-
mencement Exercises held at the
Odeon, March 11, 1890,

BY

ROBERT SATTLER, M.D.,
CINCINNATI.

Ladies and Gentlemen:

The medical sciences have at all times and among most nations accorded to educational affairs a watchful interest.

The province of the physician offers constantly new evidences of progress, reaffirming the intimate relationship of medical knowledge with the various departments of education.

This is also my plea in offering you a synopsis of our knowledge of one of the most important and almost universally recognized dangers of school life among civilized races.

I refer to the many and various disturbances of the eyes attended by defective or disordered vision, known as optical defects or errors of refraction.

To optical errors in general only cursory consideration will be given, as it is my purpose to direct your attention in particular to myopia or nearsightedness, universally recognized as one of the most frequent and dangerous diseases of school life.

On all sides the question is frequently asked, accompanied with exclamations of questioning surprise and often with real or assumed amazement, "Why is it that so many persons, and particularly children, are obliged to resort to the use of spectacles?"

The answer, as the truth of the ob-

servation cannot be contradicted, coming from persons entitled to render a just and unprejudiced opinion, is that at the present time the various optical defects of the eyes are not alone better and more generally understood, but their frequent and intricate connection with diverse nervous phenomena, headaches, neuralgias, as well as disturbances in remote parts of the body, is conclusively upheld by a mass of incontrovertible evidence. Only within a comparatively recent period (scarce thirty years) have such brilliant discoveries in the department of physiological optics been made, that a complete modification of existing views resulting in an uninterrupted progressive advance, conspicuous for its triumphs of scientific import and their far-reaching and useful practical applications.

Formerly, even though it must be admitted that anomalous states of the eye, such as over-farsightedness or hypermetropia, nearsightedness or myopia, and the several varieties of astigmatism, attracted and received attention, they were referred to and recognized under different names, and the physical causes and conditions which gave rise to disordered or defective sight were wholly misunderstood. Nevertheless, they received attention, such as it was, and, in a limited number of instances, also correction by the aid of lenses. These were obtained from traveling opticians, whose knowledge of the mechanical art of fitting lenses may have been, and doubtless was, fairly good, as they must necessarily have acquired much useful experience—even dexterity and skill—in their attempts to adjust corrective glasses to abnormal states of the eye and vision. Certain it was, however, that educated physicians never assumed this rôle; it

was altogether given over to opticians and charlatans. With one and all of this class it was an experiment, and often only a matter of chance if suitable glasses were given, the attempt being made with no definite or known purpose that it was to overcome or correct a physical defect or anomaly of the refraction of the eyes.

The reason, then, why so many young persons wear spectacles is that our knowledge of those physical conditions of the eyes for which they are not alone indicated, but essentially necessary, has been steadily enlarged by cumulative evidence based upon scientific induction, a more extended knowledge of actual causes and a more accurate and discriminate practical application. Also because the systematic and faithful use of spectacles resorted to as a relief and preventive measure for so many annoying complaints, besides aiding or improving sight, resulted in effectual relief when other methods of treatment failed completely or were insufficient to bring this about.

Another equally important reason is the undeniable fact that optical errors are on the increase, and that the persistent and reckless demands made upon the organs of sight, additionally increased by direct hereditary transmission of a physical deformity or a structural predisposition thereto, with every probability that under certain exciting conditions one or the other error of refraction will develop, and either an elongation or a shortening of the antero-posterior axis of the globe, or an alteration in the curvature of the principal meridians of the cornea, result.

Hereditary transmission, studious pursuits or persistent application for other close work, together with the invariably unfavorable influences of defective illumination, acquired or necessarily faulty habits of study during the earlier school period, disturbed bodily health, unfavorable hygienic surroundings, all deserve special and general consideration in the elucidation of this important subject. It has been stated, based upon unquestionable evidence, that among all civilized communities nearsightedness is steadily on the in-

crease, and among certain nations and classes devoted to studious habits, literary or professional pursuits, it is alarmingly so. No country and no people are exempt, if they have engaged for generations past in literary work; those of weakly frame, under conditions generally recognized as causative, readily acquire it and then transmit it, or the tendency thereto, by heredity; and many also acquire it without the slightest proof of hereditary influence, but owing to causes which exist and develop in the individual and his environment.

Nearsightedness has from the earliest times been recognized as a defect of vision, and long before the discovery of the invaluable advantages of glass lenses its peculiar symptoms or features were understood; it was not, however, until the year 1604 that a correct interpretation of the indication and usefulness of glass lenses was scientifically demonstrated, and myopes offered a better chance for the appreciation of the beauties of nature. With the exception of the lesser degrees of myopia, which entail some difficulty in distinct vision, but may really be considered in some respects advantageous, on account of the diminished strain on the ciliary or muscle of accommodation and internal recti or muscles of convergence, the higher degrees of myopia invariably result in defective vision for distance, and in many cases also in disordered function of the eyes, rapid asthenopic or fatigue phenomena, floating opacities, double vision, headaches for all long-continued application for close work. In the excessive degrees the eye must, without exception, be regarded as invaded by grave and progressive disease, with reduction of the acuity of vision and a tendency to almost certain, if not hopeless, complications.

Your attention, however, I desire to direct to the prevalence and spread of nearsightedness, and to specify facts and observations relating to the subject in general, which I hope may impress upon you the importance and danger of this optical error of the eyes.

In particular permit me to refer to the occurrence of myopia during the earlier and its frequently rapid and

startling increase during the later years of school life, and among that large and constantly increasing class who enter subsequently upon a literary and professional career. The liability to its increase or advance comprises a period dating back from the earliest years of childhood to the fiftieth year, or even to a later period.

Those affected not alone experience many annoyances and deprivations of distinct vision for distance, but are also obliged to endure greater discomfort from exposure to bright light, floating opacities, more or less discomfort for all persistent close application in reading and other pursuits, and all are liable to develop complications of a more serious nature.

The specific dangers of myopia consist of a rapid or progressive increase of its degree with increasing defective sight for distance and necessitating stronger and stronger lenses, and resulting eventually in an increase of the diameters of the globe.

Axial myopia, as it is termed, in contradistinction to dioptric myopia, which is dependent upon an altered index of refraction, or excessive power of the dioptric apparatus, or tonic spasm of the ciliary muscle, is invariably associated with an elongation of the antero-posterior axis of the eye, stretching attended by thinning of the normally thick and strong outer or sclerotic tunic, diseased processes invading the choroid or pigment and the retina or perceptive tunic at the posterior pole of the eye.

In his attempt to obtain more perfect vision the myope is under disadvantages. If the automatic action of the ciliary muscle is called into service whilst he regards a distant object, he becomes more nearsighted and the sight more blurred. He therefore tries to suppress all unnecessary action of this muscle, especially in distance vision, and to a lesser degree also for all close application. Between this intrinsic muscle and the extrinsic ones, notably the internal recti muscles and superior oblique, there exists an intimate physiological relationship. When the internal muscle acts there is also a corresponding action of

the external muscle, and *vice versa*. The almost constant efforts to suppress the accommodation result, in many cases, in a disturbance of the physiological balance of the muscles, and a deviation of the parallelism of the axes of vision of the two eyes is the result. In some cases it is only a vague or vacant expression, and in others it is a pronounced unsightly deformity or divergent squint. In moderate and higher degrees of the error this is most frequently met with; in excessive degrees the opposite state, or apparently a convergent squint, is observed. This is due to the great enlargement of the eyes and the more unwieldy state and an instinctive effort on the part of the muscles to preserve binocular vision.

Another and most harassing disturbance, if both eyes are in active service, dependent upon the condition just referred to, is diplopia or double vision. Owing to the want of muscular equilibrium of the two eyes, the image is not formed upon corresponding or identical points on the two retinæ, and double vision necessarily results, attended often by vertigo, false projection, and even disturbed equilibration.

The only aid, and it is really no great assistance, a nearsighted person can avail himself of is to contract the lid-opening to a narrow slit. This habit or trick is acquired by most nearsighted persons, and allows only a small bundle of light to enter the eyes; the circles of diffusion on the retina are in consequence less large and confusing. For this same reason the sight can be somewhat improved by looking through the crevices between the fingers of the extended hand, a small circular roll of paper, or a hole in a card-board. The term "myopia" was selected to designate this almost uniform characteristic of contracting the lid-opening and reducing it to a linear or slit-like aperture. The term is so old that the more accurate and appropriate one of "brachymetropia," suggested by Prof. Donders, has never gained general acceptance.

Many nearsighted persons make no effort to see in the distance, because repeated trials have convinced them that

it is impossible to obtain better vision by resorting to the only aid or effort—accommodation—which would almost instinctively be resorted to.

Most optical errors are dependent upon an anomalous shape or form of the globe, or abnormal curvature of the cornea, or both.

The nearsighted eye affords a typical illustration of this statement: It is an over-developed eye, and larger in all its dimensions, and in particular in its long or antero-posterior diameter. In other words, it is deformed. The peculiar feature of the deformity is found in the posterior half of the eyeball. The region surrounding the entrance of the optic nerve projects to a greater or lesser degree, forming a crescentic, nodular or spheroidal protrusion in this locality. This alteration in the shape or form of the globe, due to the yielding or stretching of the outer or protective tunic and the prominent or full appearance of the eye anteriorly, is not the only structural change which the myopic state decrees. Far more important associate changes of the internal tunics are present, and affect the choroid, retina, and vitreous humor.

A nearsighted person's chief complaint is his inability to see distinctly distant objects and the impairment of vision will depend upon the degree of the error. As a rule, persons who have a lesser or moderate degree, and even many who are excessively myopic will, with proper corrective glasses, see with such improved distinctness that it may equal or compare with the acuity of vision of the normal eye. An observation, almost generally corroborated, is that with the higher degrees, or above 6 D., the acuity of vision, even with the best corrective glasses most carefully selected, falls far below the normal standard.

To designate, then, a person as short-sighted suggests at once, if he has simple or uncomplicated myopia, that at a close or definite range he sees distinctly and with ease, but beyond twenty feet or an infinite distance more or less imperfectly. If the error is stationary, shows no tendency to advance, the general health is good, no special hereditary

predisposition, and proper precautions so far as the use of the eyes are observed, such a person is only at a disadvantage as compared with persons with normal eyes in that his distance vision is impaired. Many myopes of minor degree experience absolutely no inconvenience, but with certain pursuits, even among students, an advantage over the normally shaped eyes must be attributed to them, because in reading or other close work less strain is put on the internal recti and muscle of accommodation. I may here refer to another advantage, and that is that moderate degrees of myopia enable the person to dispense with glasses for reading at a time when presbyopia or farsightedness, the result of age, manifests itself—from the forty-third or forty-fifth to the sixtieth year. If the degree does not exceed 3.5 D., he is able to dispense with reading-glasses altogether. Of course, he is obliged to wear his concave glasses for distance permanently.

The higher degrees of myopia also afford the individual some compensation. Monocular fixation yields almost microscopic vision. To examine fine fabrics or print, or for delicate needlework, the unaided eye, if the object is held close, sees with extraordinary and magnified clearness. For ordinary reading or working distance, weaker concave glasses than those which neutralize the error for distance must be worn.

The so-called second sight of persons advanced in years is found to be, when scientifically analyzed, a variety of myopia, most frequently dioptric myopia. Individuals advanced in years who suddenly or gradually regain the ability to read and write without glasses, which to within a short period were indispensably necessary to their use, suddenly discover that without their old strong convex glasses they are able to read. The true explanation for this is that a change in the refractive media, particularly the lens, is brought about, the result of senility and disordered general nutrition. Such persons read for a variable period—rarely years, more frequently weeks or months—without glasses or with the unaided eyes. They see imperfectly in the distance.

and are not able to recognize faces or read signs at a distance of twenty feet. They are often so debilitated, or unable to walk about, that they ignore their defective sight for distance, considering themselves especially favored to be able to resume their cherished reading without glasses.

Second sight—so-called—is not a mysterious blessing, but due to the occurrence of a myopic state of the refraction, preceding or often associated with the occurrence of cataract. If persons so favored or so affected live long enough, blindness is the inevitable result; the recently restored sight gives way to complete inability to read, with no possible aid from glasses or treatment other than a successful operation.

Myopia has been a recognized defect of vision for many centuries. No accurate knowledge or definite information concerning its true nature, or the physical changes of the eye which produced it, were known until within a comparatively recent period.

For several centuries, or ever since the true application and explanation of the action of glass lenses to assist defective vision was discovered by the learned and distinguished Kepler, a complete and decisive change came about in the use of spectacles. For many years this important and difficult service was assumed, as previously stated, by so-called traveling opticians, with whom the selection of glasses to overcome defective vision was a wholly experimental venture of chance and shrewdness. Even before the sixteenth century various appliances, consisting of stenopaic slits or holes, even a specially designed device of the helmet for nearsighted knights, and the transparency of precious stones ground on convex and concave surfaces were, it is inferred, resorted to, to assist the vision of defective and myopic eyes. The Emperor Nero was known to have been the possessor of such a stone, which was of priceless value to him because it aided him in seeing.

The importance of this subject is universally recognized. Most accurate and laborious investigations have been conducted in Europe, and to a limited

extent also in this country. The number of school children examined by different investigators at present far exceeds, I venture to state, 100,000; adding to these the careful statistical reports of the examinations of the military recruits, the figures pointing to the prevalence of myopia must to many be a surprise, and also at the same time somewhat disappointing, in that they all yield negative results in specifying one or several pathological or etiological factors for its occurrence and advance; but certainly with positive results in calling attention to preventive measures and the citation of the influences which must be looked upon as exciting conditions or favoring its origin and strongly upholding an inseparable dependence and relationship between myopia and education.

Prof. H. Cohn, of Breslau, Germany, conducted, as early as 1867, a series of investigations in the schools of Breslau, for which he is entitled to much credit, as it is a most painstaking and difficult work. He examined 10,060 school-children, and based upon this great work advanced general conclusions relating to myopia, and special ones having relation to the school population of Breslau:

First.—That myopia increases in frequency according to the demands made by the schools, advancing steadily from country to city primary and intermediate departments and high schools.

Second.—The number of myopes increases in the separate schools from grade to grade.

Third.—In the higher grades and more advanced schools higher degrees of myopia are met with than are observed in the lower grades and primary schools.

These conclusions have been extensively verified, and have for this reason gained almost general acceptance.

In Switzerland the late Prof. Horner, of Zurich, so strenuously agitated the importance of this subject, and suggested that all children presented for admission to the schools should be examined. From 1882 to 1885 he found, among 1355 children admitted to the

Zurich schools, 7.4 per cent. nearsighted; he concluded that 5 per cent. had already acquired the myopic state, and assigned only 2 per cent. to hereditary or congenital causes.

Prof. Cohn found the percentage of myopia in twenty-four German gymnasia to vary from 22 per cent. in the lowest to 58 per cent. in the highest grade. In the lowest grade it was found between 7 and 42 per cent., and in the highest grades 25 and 80 per cent.

Prof. Pflüger examined the eyes of the pupils of seven Swiss gymnasia, and discovered 11.5 per cent. in the lower and 52 per cent. of myopes in the higher departments.

Industrial schools afford in some instances even a more startling increase of myopia. One instance mentioned by Prof. Pflüger is particularly interesting: 87 per cent. in the second highest and 91 per cent. in the advanced class.

Examinations of military recruits in Germany and Denmark and other countries show a large and increasing percentage of myopes.

To Prof. Donders, of Utrecht, belongs the enduring distinction of having demonstrated by the aid of scientific examinations the physical differences between the normal, or emmetropic, and abnormal, or ametropic, eye. In the former, the dimensions of the globe are such that the optical apparatus is just sufficiently strong, when the eye is in a passive state, to unite parallel rays or those reflected from an object at an infinite distance to a distinct image or focus upon its retina.

In the abnormal or deformed states, known as hypermetropia, myopia, and astigmatism, this is not possible. Parallel or distant rays of light are either brought to a focus in front of or behind the retina, or a distorted impression is made, and the antero-posterior diameter of the eye is either too short or too long, or the cornea has an irregular curvature. It may also be explained that the dioptric apparatus is too powerful or too weak, and for this reason, without the assistance of the accommodation or properly adjusted lenses, distinct or unmolested vision is not possible.

We have already demonstrated that the myope is under disadvantages compared with an over-farsighted person, in that the latter can benefit his sight by an effort of accommodation, and for this reason constantly resorts to it; his eyes, owing to this persistent muscular strain, quickly manifest fatigue and are almost always tired or weary. The myope would add to his defective sight by resorting to this important muscular mechanism, and he accordingly suppresses its action: he is forced to permit all the beautiful sights, scenery, movements, variations of color, and forms in nature to remain unnoticed.

The principal pleasure and satisfaction he derives from reading or the use of his eyes for close range. Though in many persons with lesser or moderate degrees of myopia this can be done with impunity, and the old, almost proverbial, saying, that nearsighted eyes are so strong that they can stand almost any amount of close work, is only in a limited sense true, and there are also numerous exceptions.

This habit of myopes, so easily acquired, of forcing the eyes, and the conviction that even though they are defective for distance they are therefore stronger for all near work, is one of the most frequent causes for advance. Either from ignorance or carelessness, assisted by other deleterious influences, defective illumination, faulty posture, reading in a recumbent posture, bad print, deranged health, this, during the school period, is always attended sooner or later with unfavorable consequences.

The aid which proper corrective lenses afford is out of all proportion gratifying, and to many who have had defective sight for years or a life time a revelation which they can hardly believe a reality, much less infer that all persons with normal eyes see unaided with the same or even greater distinctness. Let me here call your attention to a senseless prejudice on the part of meddling advisers of persons obliged to wear spectacles. "If you once commence to wear spectacles you will have to wear them ever afterward," is stated with the usual emphatic ignorant affir-

mation. Fortunately few persons who think for themselves would heed such advice. Of course it is true that if a myope desires to see distinctly he must wear his glasses. Once having enjoyed that advantage, he is not willing to return to the old unsatisfactory distance vision; or, if he states that he cannot see without his glasses as distinctly as formerly, it is simply owing to the fact that he has forgotten how imperfectly he did see, as the contrast with the assistance of his glasses is out of all proportion more satisfactory. Myopia is a permanent deformity of the eyes. If it is not progressive the only remedy consists in the correct adjustment of lenses and the observance of proper precautions so far as the use of the eyes is concerned.

The adjustment of glasses is by no means an easy task, and should in every case merit the most careful attention. An optician is the one to furnish the lenses, but it is not his province to select them. Nor can a myopic person rely upon his own conclusions in the selection. For reasons too numerous to mention, the examination to determine the lenses, especially in children, must invariably be made by a physician thoroughly conversant with this important subject.

Let us now briefly refer to the alleged cause of myopia. Opinions are still at variance, and far from even approximate uniformity. Some investigators even advance the conclusion—and it is not an unreasonable one—that the minor degrees are really an advantage, and that they afford evidence of adaptation to the changed or altered uses to which the eyes are subjected. This, and also the probable advantages, have been referred to. Adaptive, or, as the Germans call it, *anpassungs*, myopia has countless illustrations during the earlier and later years of school life.

If the weight of trustworthy authority and the conclusions drawn from accurately compiled statistical reports of the examination of the eyes of school children is in support of attributing to certain conditions active during the school period, consisting of defective illumination and ventilation of the

school quarters, imperfectly constructed desks, badly printed books, unnecessary and rigid enforcement of writing, drawing and other exercises necessarily taxing to its utmost capacity the accommodative apparatus of the eyes, they are the more apt to result in mischief among such children who acquire or inherit feeble or tainted constitutions, or the actual myopic state or the predisposition thereto, or who have opacities of the cornea from previous inflammatory disease.

Largely to the uninterrupted labors of this class of professional humanitarians are improved facilities of better lighting and the manifold improvements relating to the construction of school buildings assignable. Indeed, a great advantage to teachers, and an act of justice, besides a boon to the many unfortunate little ones, would be the enactment for rigid rules of admission, and a certificate from a physician, and preferably from one who is or should be a regularly appointed school physician. Such an examination would at once single out those with weakly or deformed bodies, weak or defective eyes, or other physical defects or constitutional weaknesses, as it is evident that such children, disinherited by nature or acquired by disease, are unable to compete with the rest, and, to say the least, are forced into an unequal struggle with their healthy fellow-pupils.

Principals and teachers in our schools must, I take it, often wonder at the thoughtless and cruel actions of parents in forcing children with all the evidences of disturbed general nutrition, stunted growth, and manifesting in addition other even more objectionable evidences—inflamed eyes, St. Vitus' dance, scrofulous and other constitutional vices—and insisting upon their right to have such children admitted, because in the one requirement of having reached the sixth year the child is eligible. Our elementary schools are crowded with children who start not alone unfairly as compared with the healthy ones, but to whose parents it can be charged as an act of criminal carelessness for insisting upon their admission. Only a regularly appointed

school physician would regulate this objectionable practice.

Freedom, sunshine, out-door life, attention at home so far as food and clothing are concerned, are the only remedies for this large unfortunate class to ward off otherwise inevitable consequences incurred by their admission to school.

Another class of investigators, altogether in the minority, deny the explanation just mentioned, and almost generally accept and ignore wholly the advantages attributed to the improved construction of school buildings and their more perfect equipments, and even claim that in those, ironically styled "school palaces" the percentage of myopia is greater than in old schools. That myopia is an important and a frequent disease of school life, and that it deserves the attentive study of the physician and school authorities, even a limited personal observation must and will unquestionably uphold.

The public schools of Cincinnati afford an apt and conclusive illustration of this remark.

Reports from the teachers of five district and two intermediate schools have been received, giving a total of 5,958 pupils. Of these 3,101 were boys and 2,857 girls.

In the district schools in question are 4,466 pupils—2,302 boys and 2,164 girls. In the two intermediate schools mentioned are 799 boys and 693 girls, making a total of 1,492 pupils.

Among the 4,466 pupils of the district schools are 448, or 10 per cent., who have defective sight for distance; 248 of these are girls, this being 11 per cent. of the whole number of girls; 200 are boys, being 8½ per cent. of the whole number of boys. 462, or 10 per cent., have discomfort and annoyance upon using their eyes for close work; of these 199, or 8½ per cent. of the whole number, are boys, and 263, or 12 per cent. of the whole number, are girls; 24 boys, or 1 per cent., and 56 girls, or 2½ per cent., wearing glasses, making a total of 80 pupils, or 1¾ per cent.

In the two intermediate schools referred to there are 1,492 pupils—799 boys and 693 girls. Of these there are

62 boys, or 8 per cent., and 102 girls, or 15 per cent., defective for distance, making a total of 164, or 11 per cent. There are 49 boys, or 6 per cent., and 157 girls, or 22 per cent., making a total of 206, or 14 per cent., who experience discomfort upon using the eyes for close work; 25 boys, or 3½ per cent., and 68 girls, or 9½ per cent., wearing glasses, making a total of 6½ per cent.

Of the entire number of pupils—5,958—there are 1,453, or 24 per cent., who have defective eyes. Of these 559, or 38 per cent., are boys and 894, or 62 per cent., are girls.

Of thirty members of the present graduating class whose eyes were submitted to accurate examination, taken irrespective of complaints in regard to their eyes, it was found that but two had perfect eyes. The remainder all had more or less defective eyes.

Preparatory to investigations to determine the relationship of defective, disordered, and normal vision in the various grades, a series of questions were first submitted to the teachers to assist in gaining approximate information as to the number of persons with one or the other of these principal complaints; either defective sight for distance or disordered or uncomfortable sight for close work. The answers, though doubtless inaccurate, in so far that accurate tests were not made, nevertheless afford an important clue, and will facilitate, furthermore, accurate examination to be conducted later on; they call attention to a state of affairs which must be surprising to most persons.

The internal and external factors concerned in the causation of myopia can be designated as actual, predisposing, and exciting. Most investigators assign to heredity influential importance.

The actual or congenital factor finds its expression in a preëxisting myopia in one or both parents or immediate ancestors, or in the spontaneous result of mysterious causes peculiar to the individual antedating its birth. By no means can it be held that all myopic parents transmit their ocular deformity

as such, or the predisposition or tendency thereto, to one or all of their offspring. On this point great diversity of observations are on record and no definite law can be formulated.

The predisposing factor, with or without external exciting conditions, is also frequently associated with heredity. It finds its expression in a peculiar organic or structural weakness of tissues ordinarily strong and unyielding. Frequently are diseased processes of the important internal structure, the choroid tunic, the origin for peculiar changes, resulting eventually in a bulging of the sclerotic near the optic nerve entrance. Protracted ill-health furnishes also a prominent cause.

The exciting factors are of paramount importance, and should receive discriminate and patient attention.

To the various influences comprised under this term does myopia owe a most frequent origin. It is the direct and underlying cause for so-called acquired or adaptive myopia, and claims its victims under our very observation in our schools in such numbers that it deserves prompt consideration. The more so because preventive measure can be resorted to in combating its harmful consequences which are altogether ineffectual with the inherited or actual variety, and to a lesser degree also with the variety in which a structural predisposition must be held to exist.

Hereditary influences, decreeing actual deformity at birth, or a structural weakness coming on later and resulting in defective shape, are considered first in importance. Different investigators uphold other conditions, both acquired and inherited, and regard them as associate predisposing factors.

The associate predisposing factors are excessive convergence of the eyes and persistent strain of the accommodation. The advocates of this theory of myopia explain the peculiar changes occurring at the posterior pole of the eye, and known as sclero-choroiditis posterior, posterior staphyloma, as due and dependent upon the changes of nutrition necessarily excited in the vascular or choroid tunic by the persistent

muscular tension of the extrinsic muscles and concerned in maintaining binocular vision.

Other views assign to an anomalous insertion and shortness of the optic nerve, and to the traction that is necessarily exerted on its temporal half, a prominent feature of causation; another still more recent view attributes to pressure, irregular insertion into the globe of the superior oblique muscle the most influential etiological importance.

It must be admitted that the various theories all rest on speculative inference, but all accord full appreciation to the exciting external and internal factors already referred to.

It now remains to consider briefly the preventive measures likely to check its advance if its existence is undeniable, or to intercept its occurrence if possible in those cases in which hereditary predisposition can be held to be present, and to guard those without hereditary tendency or predisposition but who are inveterate students or who persistently exhaust at close range the very limit of the strength of their eyes, from acquiring it.

Foremost among preventive measures is its early recognition. In most cases of congenital myopia its existence is betrayed by the habits and actions of the child, and it is not difficult to discover it. In cases of acquired myopia, induced by studious habits, unfavorable influences at school, debilitated physique, it is not so readily recognized.

All children who present evidences or who may be suspected of being myopic should be restrained from all violent physical exertion, running, lifting, and exhausting gymnastics.

The special measures to be observed for the eyes refer principally to the correction of the habit so generally acquired of bringing objects for examination and scrutiny much nearer than is necessary. Such attempts strain unnecessarily the accommodative apparatus and induce excessive convergence of the eyes.

If this is important during the first years of childhood, it becomes an imperative necessity to observe it with the

first attempts of the child to read and write. The habit of bringing the book or slate much nearer than is necessary can be favorably modified in many cases, and altogether overcome in others, by vigilance and admonition from the teacher. The good accomplished at school, mainly owing to the frequent reminder from the teacher, could be greatly increased if parents at home would exercise a similar vigilance. Unfortunately, a singular indifference is manifested by those who should be most interested. Besides the unfavorable effect on the eyes, the faulty posture assumed favors other physical ailments.

The first essentials in a school-room consist in securing the best illumination and ventilation, a proper arrangement so far as light is concerned of perfectly constructed desks and benches, and the avoidance of over-crowding. In our elementary departments these various conditions are frequently ignored and children crowded into most imperfectly lighted and ventilated rooms, seated at desks which force them to assume strained positions in their first attempts at reading, and particularly writing. To some with perfectly normal eyes this is a source of danger not to be underestimated, and to many with defective eyes it is fraught with an almost certain tendency to excite and advance the predisposition to disordered or defective vision.

Children with disordered sight—and this applies especially to those with myopia—should in their first attempts avoid all long-continued application of the eyes, even when aided by good light. They should be of short duration and interspersed with frequent interruptions. Writing exercises should be reduced to periods of the shortest duration, and attention to light and posture carefully observed. The senseless plan so generally resorted to as a means of punishment by teachers of forcing a child to copy a large number of words or sentences should be strictly prohibited. No more cruel punishment could be devised for this unfortunate class. A child which assumes a faulty posture in writing, or holds his book so

close that it must needs attract the attention of the teacher, should at once be referred to the principal. The latter, in the absence of a school physician, should institute such simple tests, with which he can readily familiarize himself, as will enable him to determine approximately the acuity of vision and ascertain whether it corresponds or falls short of the normal standard. In this way he eliminates responsibility from the teacher and also from himself, and simply directs the attention of the parents by written or printed note and acquaints them with what he surmises exists.

To fully discuss this important chapter would lead us beyond the confines of this contribution. My purpose was principally to elicit your interest in a subject of importance, and to call your attention to nearsightedness and to certain dangers relating to school life. Opportunities may be offered when you assume the duties of practicing physicians to call attention to the subject or by personal endeavors avert many of its deleterious consequences.

Gentlemen of the Graduating Class:

To offer you expressions of farewell and good cheer in the name of the Faculty is a task which can only be assumed with almost inseparably associated feelings of pleasure and regret.

It is certainly with feelings of pleasure and satisfaction that we, who possess tangible evidence of your qualification, now see you enrolled among the great and active army of the medical profession. Not a little share of regret also crowds upon us at the recollection that the many agreeable associations of your college days have come to an end, to be exchanged henceforth for restless, resolute activity in the pursuit of a useful and honorable life's work.

Our association with you as teachers, and your present admission to the ranks of the medical profession, has quickened the interest, at all times sincere and cherished, into one of expectant concern that you, one and all, may continue to rally, after your career of activity has been entered upon, under that liberal and tolerant banner, the emblem of

progress in all the various departments of medical as well as general knowledge.

This dauntless, resistless spirit of advance of the age, fortified as it is by the accumulated labors and discoveries, the resultants of the mental activities of travailing centuries, is tolerant in the extreme and is liberal to excess. It unfurls itself from the pinnacle of its own mighty tower, the store-house of the labors of the medical profession of the world, and holds out to you a fellowship with the same cordiality and willingness with which it was bestowed upon your alma mater, its alumni, and all others who conform to its simple demands.

It knows no prejudices; discounts illiberal tendencies; abhors the avowal of the truth of one set of ideas, dogmata or principles to the exclusion of all others, but instead uniformly fosters and stimulates the spirit of inquiry everywhere and in every one. It receives with serene unconcern and patient willingness the most diverse researches and discoveries in all the departments of medical knowledge from every land. But on one condition are the various evidences of mental toil received for confirmation, denial, or to await further corroboration or proof; and this only restriction, if it may be so called, is that scientific methods of research, rational empiricism, accurately compiled statistics or unprejudiced observations are made the basis for the researches and explanation of the new phenomena, in the discovery of new facts, or in eliminating fallacy and error from old recognized conclusions; furthermore is expressed a practical or utilitarian application, sooner or later, of the new data advanced.

It is the banner which has the word "Humanity" engraven upon it in distinct and luminous characters.

Its first and far-reaching suggestions concern the welfare of mankind: Whatsoever may aid the physician in doing good, in alleviating suffering among those he may be called upon to aid or relieve, it is not alone sanctioned, but, furthermore, imperatively decreed, that he shall not only do good, but the very best he is capable of accomplishing;

this shall devolve upon him as a most sacred duty.

This, gentlemen, implies qualification in the fullest sense of the word. It impresses upon those of you who should conclude to be satisfied with the fragmentary knowledge—the mental discipline, for this is all it deserves to be called—which you have gained to attain the first footing for a recognized place in the eyes of the community, that your standard can only be an inferior one, and certainly not a progressive one.

If, on the contrary, impelled by constant striving, stimulated by the opportunities offered from personal observations and diligent study after you enter the professional arena, you assume this first and essential obligation to remain students and searchers after knowledge, to familiarize yourselves with anything and everything which may aid you in your work, you will construct a foundation upon which a useful, unselfish and noble life's work may be reared.

There is no idea more redundant with fallacy than that a diploma from a medical college imprints upon those who receive it a halo of satiated perfection, and the individual who departs with the conviction of having absorbed, saturated medical knowledge is indeed deserving of pity and censure.

With charity you should also look upon that class of men who uphold systems or principles to the exclusion of all others equally entitled to recognition and favor; also upon those to whom the college of their own or preceptor's choice reflects truths not to be questioned; and certainly upon the multifarious classes who by chance, special motives or affinity have allied themselves with one or the other of the innumerable sects in medicine, the one upholding specific medication or specific manipulations — comprising also the mind, faith and Christian science advocates.

The inflexible avowal of the principles underlying these various systems, and the presentation of the postulates of their teachings as unquestionable truths, necessarily advance the idea that with such classes the standard of medical education is an attainable one, and that

it finds its solution or exemplified perfection in the creed or teaching of one or the other system.

Contrast with these narrow, bigoted assumptions the broad reasonings of modern science, rational empiricism, or even ordinary unprejudiced common or good sense, singly or combined, and you will receive the answer that the standard of medical education is not one within attainable limits, and that it has not an established excellency.

It consists of and reflects the restless, resolute striving and determined zeal of a countless army of workers, one and all under the impulse of the irresistible spirit of progress, seeking for a higher and higher standard, which keeps apace with the progressive advancement in the various and vast domains of medical knowledge.

The standard is a high one if it has and receives the support of men entitled by education, special training or distinction to render unprejudiced judgments; if it enrolls among its active members those who are discoverers of new facts, inventors of new and useful instruments or methods of research, or who may have suggested new departures in scientific or speculative departments of thought. Its excellency may be considered superior if it distributes quietly and unostentatiously an incalculable amount of good to humanity and advances at the same time the progress of medical knowledge.

The ethics suggested by such broad and liberal reasoning is as simple as it is just.

It is the outgrowth of a reciprocal fellowship of honor and personal esteem among men who have reached a plane of eminence in the profession, the result of thorough qualification and honorable conduct, and who by common consent uphold a standard which sanctions a dignified and liberal attitude for the opinions of men and which gives and receives all honest, unprejudiced, non-sectarian evidence of progress.

To conclude these remarks on a subject so replete with suggestions, I can only again emphasize the major points herein set forth and which may find with you some practical application.

My admonition, if health be given you to carry it out, is that you transfer the studious tendencies of your student days to the more responsible work of your professional career; that you ever uphold a progressive standard of medical education, and that you strive by word and action to uphold the highest realization of professional excellency; that you be as liberal as you are charitable to the views of others at variance with yours; and that you strive strenuously and have illustrated by the history of your life, for the sake of the community who repose their confidence in you, that you remain free from the stigmata of immoral tendencies, both so far as your conduct to your professional brethren is concerned as well as to your clients and the general public.

It is erroneous to talk about the dignity of the medical profession, or, for that matter, any profession. Unless each man makes his own particular sphere of active duty by motive and deed and the result of conscientious striving as perfect as possible—only in this way is it possible that his own particular work or actions can excite appreciation from others and be recognized as meritorious, superior, or dignified.

His conduct, his ability, or both, dignify him, and proportionately does he dignify the profession. It is quite another affair when the medical profession dignifies a man; this invariably suggests merit and distinction, and honorable mention is a deservedly just and merited act.

There are individuals, the number is fortunately not large, who enter the profession without the necessary preliminary training, and whose attempt to pass an examination for a degree is a hazardous venture. Once in the possession of a diploma they lull themselves into a spurious sense of vanity and settle down to be recognized as members of a "noble" profession.

But, gentlemen, the least difficult task is to pass successfully the examinations; a far more difficult and laborious one is to remain and to initiate a career honorable in every sense of the word and to struggle on to a recognized posi-

tion among men. To gain a reputation is by no means a facile effort; a physician's power and influence makes itself felt mainly through his personality. To make an impression he must possess the characteristics of a gentleman; to encourage confidence, his words and actions must necessarily lead to the inference that he is capable and self-reliant; and the most difficult attainment of all, to retain and preserve his influence he must have given and continue to give constant and tangible evidence of his ability.

Studied or affected mannerism or the assumption of a pompous or impressive bearing soon stigmatizes him who resorts to it, and speedily results in degeneracy, with a drift to charlatanism or other irregular conduct as an almost invariable consequence.

For this reason let me say to those of you who have no special advantage at the outset of your career, and who must rely on your own exertions and those of a limited number of friends or interested persons, that for this reason you need certainly not become discouraged.

Many men start out with every possible advantage; but as one physician cannot transfer his influence directly to another, or the name of one man be of but little avail unless the individual to whom the opportunities are given also possess the essentials for success, I may then assure you that if among the men who have risen to successful eminence in your estimation you seek an explanation, you will invariably find that among the reasons most evident are thorough qualification, love and enthusiasm for the calling, uninterrupted hard work, utilization of every available opportunity, stern endurance of purpose in the pursuit of a progressive ideal of practical and theoretic advance, an abundance of health, and a good natural inheritance of character and temperament. Let me recall to your minds the simple verse of Goldsmith, so replete with humane and unselfish meaning:

"And learn the luxury of doing good."

Permit me to wish you that its lofty

philosophic reasoning may attend you throughout your career.

Society Reports.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, February 21, 1890.

OFFICIAL REPORT.

V. P. GIBNEY, M.D., Chairman.

Report of Cases of Talipes Equino-Varus.

DR. FRANK HARTLY presented a case of double congenital talipes equinovarus. The patient, a male, twenty years of age, and a cigarmaker, was admitted to the Roosevelt Hospital on May 27th, 1889. This deformity, which has been present since birth, increased between the sixth and twelfth years, and although it has not caused much pain, he walked with a curious shuffle of the foot from side to side. He was very desirous of an operation. Examination showed that there was about two-thirds of the normal motion of the ankle joint, and that the neck of the astragalus was twisted so as to look directly inwards, and the os calcis was placed obliquely to the tibia. He had the peculiar pallor of the skin and mucous membrane commonly seen in cigarmakers. Heart, lungs, and kidneys were normal.

On June 5th, a cuneiform osteotomy was performed over the greatest convexity of the foot. The wedge of bone removed consisted of portions of the tibia and fibula, the whole of the astragalus, and enough of the cuboid, scaphoid and os calcis to allow of a reduction of the deformity. The foot was placed at once in proper position. Healing was normal, and on July 25th, a similar osteotomy was done upon the other foot. The wedge removed consisted as in the other foot, of a portion of the tibia and fibula, the whole of the astragalus and scaphoid, and portions of the os calcis and cuboid. On August

24th, union in the left foot was good, and fairly good in the right foot. By the middle of October, he was allowed to walk about the wards, and on Nov. 29th, he was discharged from the hospital, and has since been under observation in the Out-Patient Department. The muscles are gaining rapidly in size and strength under daily applications of electricity. Crutches are only used for long walks, and judging from the progress so far, these can be discarded in a month or two, and possibly in four months; even the retentive apparatus which he now wears, can be removed.

Dr. Hartley did not consider this deformity the result of an arrest of development, but of pressure effects within the uterus. He believed these cases of secondary congenital club-foot could usually be cured by mechanical measures, although the severest forms require, as in the present case, an operation.

Dr. JOHN RIDLON presented a male patient, eighteen years of age, who came under observation last April for a deformity of both feet which had made walking difficult and painful for the previous two years. There was *cavus* and *equinus*, and on walking, *varus* of both feet. There were no reflexes on 'point pressure.' On April 4th, 1889, Dr. George S. Huntington divided the plantar tissues of the right foot by open incision, and having forced the foot into proper position by Thomas's wrench, divided the tendo-Achillis subcutaneously. On May 8th, a similar operation was done upon the left foot, and was followed by primary union. The patient is now able to walk well and without discomfort.

Dr. Ridlon also presented a boy of thirteen years, who first came under his observation on May 12th, 1889, having begun to limp about three months previous. The foot was found to be held rigid in the position of *valgus* by contraction of the extensor and peroneal muscles; but when the patient was etherized with the intention of dividing these tendons, the foot could be easily placed in a position of *equino-varus*. It was retained in this position by plaster of Paris for about two months. There

was no pain following this manipulation and replacement of the foot; and when the plaster was removed, motion at the ankle and tarsal joints was normal, and the limp had disappeared. On October 4th, he was found to have relapsed into his former condition. The foot was placed in the best possible position, and has since then been retained in this position by plaster of Paris.

Dr. V. P. GIBNEY presented a lady twenty-five years of age, who had been referred to him in December, 1887. She walked on the outer borders of the feet, where large callosities served as a base of support. The soles of the feet looked backward and upward, and her gait was especially reel-like. There were extensive cicatrices over the tendo-Achillis, and it was quite impossible to correct the deformity by manual force.

On Dec. 26th, 1887, a cuneiform osteotomy after the method of Dr. Charles T. Poore was performed; but after extensive section of the bones and free division of the deltoid ligament, and of a few resisting points of the plantar fascia, it was not possible to place the foot in proper position. A free lateral incision was then made, and muscles and tendons divided after the manner of Dr. Phelps. After some further difficulty, a good position was secured, and the foot was placed in a Thomas club-foot shoe, over which plaster of Paris was applied. The dressings were removed on the following day on account of free oozing, and by Dec. 30th, it was found absolutely necessary to put her in charge of a trained nurse, and from this time until Feb. 16th, she suffered from septicæmia. At the end of this period, the wounds were healing rapidly, and the foot was in excellent position. On Feb. 22nd, having secured her admission to the Hospital for Ruptured and Crippled, a similar cuneiform osteotomy was done upon the other foot, which was then brought into good position, and dressed antiseptically, and covered with a plaster of Paris bandage. Nearly all the wound healed by first intention, and recovery was uninterrupted, although retarded by the presence of corns and tender callosities. She gets on very well now, although the gait at present

is very much modified by the condition of these corns.

DISCUSSION.

DR. H. W. BERG took exception to Dr. Hartley's statement that the deformity in his patient was probably caused by too little space in the uterus; he thought this theory had been pretty generally abandoned.

DR. HARTLEY replied that he did not think this was the case, as in Bessel-Hagan's book on the Etiology and Pathogenesis of Club Foot, considerable space was given to this very thing.

DR. N. M. SHAFFER had found that a certain number of cases of adult club-foot yielded to mechanical measures; while in many of those which were only amenable to operative treatment, the patient's condition untreated was often as good as that obtained by operation. One great obstacle to the treatment of these cases is the cicatrices from previous operations.

DR. H. L. TAYLOR said that a new instrument just perfected by Dr. Bradford of Boston, offered another alternative to methods already in use. By it, the surgeon was able to obtain a very perfect grasp of the foot, and thus twist it into position.

DR. SAMUEL KETCH remarked that Dr. Ridlon's second case showed decided reflex spasm and pain on rotation of the foot, and he considered the case one of valgus, symptomatic of some bone lesion. The rapid relapse seemed to favor the view of the osteitic origin of the trouble.

DR. BERG thought the bone lesion was probably at the point where the outer malleolus impinges upon the astragalus. There was certainly no muscular trouble present.

DR. SHAFFER felt sure there was some bone irritation present, and as it was more resistant to adduction than to the other movements when the astragalus and scaphoid were crowded together, he thought the lesion was probably located at the articulation between the astragalus and scaphoid, but not involving the ankle joint itself. He had had a similar experience in regard to the sudden disappearance of the deformity after etherization; but he had not sus-

pected a tubercular osteitis, because he had never seen such cases go on to suppuration. They are more like inflammatory flat-foot, running a long course, and ultimately terminating not in ankylosis, but in recovery with pretty good function.

DR. A. B. JUDSON was likewise of the opinion that the case was one of articular osteitis, and its duration would favor this view. The circulation of the limb being normal, eliminated the presence of a nervous lesion.

DR. RIDLON, in closing the discussion on this case, said he could not conceive it possible that a tubercular osteitis could be subjected to such vigorous manipulation without being followed by some evil consequences. When the spasm has existed, the patient has always complained of pain on attempted motion, but he walks and jumps around like other boys. Is it possible that an osteitis can exist for a year, as this has done, under such treatment, without an aggravation of the disease?

Effects of Immobilization on Joints and Bones.

DR. W. R. TOWNSEND presented for Dr. Gibney the left knee of a case of double hip joint disease, which had been removed post-mortem. The joint had been immobilized in a plaster of Paris splint for eighteen months. There was no disease at the knee when the first plaster had been applied, and the long confinement of the joint showed that no gross changes had occurred in the bones or cartilages. The synovial membrane was removed and found apparently healthy, and the joint contained a small amount of synovial fluid when first opened. The motions were limited to and are of about fifteen degrees, and yet after the ligamentum patellæ was divided, extension and flexion could be made to the full limit. The lateral ligament did not seem contracted.

DISCUSSION.

DR. BERG said that the specimen only showed that the joint surfaces were normal, but it did not show that the soft parts had not been affected by prolonged immobilization. The specimen was of medico-legal interest, because it

was sometimes claimed that real and permanent disability had resulted from such prolonged immobilization.

DR. SHAFFER feared the results of prolonged immobilization, for, in an experience with seven cases of ununited fracture of the femur, it had resulted in effusion into the knee joint. He had employed in these cases an apparatus which made traction upon the thigh, but which was not applied below the knee.

DR. RIDLON thought we should distinguish between the immobilization of cases of fracture adjacent to joints, and of healthy joints which were positively free from any injury, for the results in the two classes of cases were widely different. The traction apparatus employed by Dr. Shaffer might have produced constriction of the limb, and so led indirectly to effusion into the joint.

DR. JUDSON said ankylosis was the result of inflammation, and immobilization of an inflamed joint, or the arrest of function, was a primary antiphlogistic.

DR. HARTLEY said that in fractures in the lower part of the thigh, where there was a possibility of hemorrhage into the joint, passive motion should be begun as soon as possible; but in fractures high up, with very little possibility of injury to the joint, longer immobilization was permissible. It is often very difficult to estimate the amount of injury to a joint at the time of a fracture or other severe injury.

DR. TAYLOR said that he never hesitated to immobilize a healthy joint for any length of time that might be necessary, and he had never seen any bad results from it.

Flat-foot Plate.

DR. RIDLON described an easy and inexpensive method of producing the flat-foot plate used by Dr. Whitman. The usual method is to have an iron foot made, on which the plates are hammered out.

Recalling the copper-plated plaster casts recently exhibited to the Section by Dr. A. M. Phelps, he had taken a plaster of Paris cast to Lovejoy, of 45 Rose Street, who had coated it with a

solution of silver, and then, by means of electro-deposition, had obtained a copper plate of the desired thickness, and at a cost of only \$1.50.

The copper plate so prepared was exhibited.

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday evening, March 17, DR. C. W. TANGEMAN will read a paper on "The Effects of Alcohol on the Eye;" Dr. J. L. CLEVELAND will report "Cases of Influenza with Unusual Sequellæ."

The annual election of officers of the Academy of Medicine, which took place March 3, resulted as follows:

President—Dr. C. D. Palmer.

First Vice-President—Dr. G. A. Fackler.

Second Vice-President—Dr. Louis Schwab.

Recording Secretary—Dr. Jas. M. French.

Corresponding Secretary—Dr. R. W. Stewart.

Treasurer—Dr. G. E. Jones.

Librarian—Dr. David DeBeck.

Trustees—Dr. G. S. Mitchell, Dr. Wm. Judkins, Dr. W. E. Kiely.

Dr. Palmer announced the following standing committees:

Publication—Drs. Culbertson, McKee, and White.

Essays—Drs. Robert Stewart, DeBeck, and Koehler.

Executive—Drs. E. W. Walker, Reed, and Withrow.

Admissions—Drs. Fogel, Haines, and Freeman.

Ethics—Drs. Hyndman, Wenning, and Jones.


CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, March 18, DR. FITZPATRICK will read a paper on "Tumors of the Tonsils," and DR. WM. L. MUSSEY will read one on "Mercurial Preparations Locally in the Later Skin Manifestations of Syphilis, with Cases."

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY
 ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,
 EDITOR AND PUBLISHER,
 199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, March 15, 1890.

The Week.

COLLEGE COMMENCEMENTS.

COMMENCEMENT EXERCISES OF THE MIAMI MEDICAL COLLEGE.

Two weeks ago we recorded the commencement exercises of the Cincinnati College of Medicine and Surgery, and one week ago the occasion of the Medical College of Ohio, with its phenomenal class; while this week it is our pleasing duty to tell our readers of the Miami Medical College commencement, which was held in the Odeon, March 11, before a large and delighted audience.

On the stage sat Prof. Wm. H. Taylor, the Dean of the Faculty, surrounded by its several members and the trustees of the college.

The thirty-one candidates for the degree of M.D. were seated in the two first rows immediately in front of the stage. Promptly at 8 o'clock Weber's Orchestra opened the exercises by playing "Comique," by Bela. The overture was followed by a prayer, after which Prof. Taylor delivered the opening address. He dwelt at length upon the large enrollment of medical students during the years of 1882 and 1883, and

the consequent decline of the qualifications required of medical men immediately afterward, and until legal restraint was placed upon colleges in several States. Since that time the enrollment of students has been much smaller, but the qualifications required have been raised until it has reached a higher plane than ever before known.

The conferring of degrees followed, and as each young doctor walked upon the stage he was given his diploma by the President of the Board of Trustees.

Special mention was made of Drs. Samuel B. Ellis, Charles Vincent Herdliska, William E. Jones and Hugh Cowing, whose examination papers were exceedingly flattering.

THE PRIZES.

The special prize of \$100, offered by the college, was awarded to Samuel Blackburn Ellis, of Kentucky, he having stood first in his class. Dr. Charles Vincent Herdliska, who was beaten in the examination by an exceedingly small fraction for first prize, took second honor and received the appointment of Assistant Surgeon at the National Military Home at Dayton.

A valuable ophthalmoscope, offered by Prof. Robert Sattler for the best paper on ophthalmology, was awarded to Dr. Hugh A. Cowing, of Indiana.

The prize for the best notes, also offered by Prof. Sattler, was awarded to an undergraduate, Mr. Henry Nippert.

Ten dollars' worth of medical books, offered by Prof. Millikin for the best paper on materia medica, was secured by Dr. Wm. Ely Jones, jr., of Ohio.

The valedictory address was delivered by Prof. Robert Sattler, which we have the pleasure to present in full to our readers in another column.

LIST OF GRADUATES.

William Wilson Baily, Darwin De-loss Bars, Theodore Jacob Behrens, James Merrill Blankenship, Joseph Franklin Bowers, Archibald Wallace Cassidy, Milton Grant Conger, Hugh Alvin Cowing, William Henry Dent, Aquilla Hilereth Durrum, Samuel Blackburn Ellis, Robert Henry Grassham, Norval Albert Hamilton, Lucius

Norton Henry, Charles Vincent Herd-liska, Samuel John Hicks, William Ely Jones, jr., Arthur Levi Knight, Ira Asbury Landis, John McClellan Marsh, Frank Homer Pugh, George Samuel Row, George Scheerer, Edward Merrick Semans, Nelson J. Shook, Samuel Cryor Sims, John Lawrence Travis, Derrick Tilton Vail, Albert Samuel Wall, George Whitfield Wheeler, Samuel Lutz Zurmehly.

THE ALUMNAL ASSOCIATION.

The Alumnal Association assembled this year at the Burnet House on the evening of March 10, where the parlors were filled with members and their friends to hold their annual reunion.

The meeting was characterized by an unusual attendance, and by the prevalence of that kindly humor and fraternal cheer that quickly puts every one at ease. The regular business of the meeting, the election of officers, report of the Treasurer and the signing of the constitution were gone through with.

The election of officers resulted as follows: President, W. A. Wishard, '76; Vice-Presidents, W. W. Buchanan, '76; Eric E. Sattler, '82; I. L. Drake, '86; N. K. Moxley, Jr., '83; T. Van Dupuy, '89; Secretary, J. C. Oliver, '85; Treasurer, E. S. Stevens, '81; Executive Committee, J. A. Thompson, '84; George H. Goode, '83; Oliver P. Holt, '86.

The retiring President, Dr. P. M. Williams, delivered the usual annual address, a happy effort that brought forth tumultuous applause or uproarious laughter, as the moment demanded.

The society was then entertained by Dr. Murphy, who, though no longer actively associated with the present Faculty, is yet remembered by many of the older members of the association as one of the strongest links in old Miami's chain. The warmth of the applause at his entrance testified better than all else how deeply a personal regard for the man had been associated with appreciation of his worth as a teacher, and must have been a testimonial as pleasing as it was surprising to its recipient. Dr. Murphy responded in a short address,

recalling his old connection with the school, and telling of the many reminiscences of that more busy time, which still crowded in upon him.

The business meeting over, the members of the society were ushered into the oval dining-room of the Burnet House, where the Executive Committee had provided food for physical and mental refreshment. The programme of the meeting was ably presided over by Dr. Wishard, of Indianapolis, and the individual speakers were introduced in neat phrases, singularly fitting and complimentary alike to the Toast-master and and the Respondents.

The order of the evening was a follows:

Toast-master—W. N. Wishard, M.D., '76.

Song by Quartet from Apollo Club.

Toast—"There is no more sure tie between friends than when they are united in their objects and wishes."

Response by C. E. Caldwell, M.D.

Toast—"The pleasantries of our practice." Response by Allison Maxwell, M.D., '73.

Song by quartet.

Toast—"The Faculty of Old Miami." Response by C. G. Comegys, M.D., which we are pleased to be able to give our readers in full.

REMARKS OF C. G. COMEGYS.

Mr. Chairman:—In responding to the sentiment, "the Old Miami Faculty," I feel deeply touched, for it turns back the hands on the dial of time about forty years; it brings the past before me like a dream; its period forms one of the most eventful episodes in the medical history of this city,—the only one comparable to it is that of the planting of the first school here by Daniel Drake in 1820. It was in the fall of 1852 that the old Miami Faculty opened their doors and announced their readiness to give a full course of medical instruction on the same plan as in the oldest and best medical schools of the Nation. It started in its career, not as a cheap school, thereby hoping to attract, on the line of economical expenditure, the poorer class of medical students, but rather as a proud associa-

tion of earnest men who would labor unceasingly to bring their classes to the level of the oldest and the best.

Why should the creation of another medical school have been resolved upon? Was the old school overcrowded with students, or was it deficient in teaching ability, or lacked it complete facilities for clinical and pathological research? No; the Faculty was superb and a new, large, and admirably furnished building had just been erected with every facility for didactic teaching; nor was it surpassed by any school in the Nation in clinical teaching, for they so completely and exclusively possessed the City Hospital that only matriculants of the Medical College of Ohio could obtain admission to the clinical amphitheatre,—that was the law of the land.

What reason, then, existed for the creation and development of another school? It lay in this, that the Trustees of the Medical College of Ohio would not recognize the justice of appointing members of the profession here to fill chairs as they became vacant, because they believed that there were none here properly qualified for such a distinction.

At the particular crisis now under consideration the Faculty, by reason of death or some other cause, had become so weakened that it was deemed necessary to reorganize it totally, and in doing this the venerable and distinguished Professor of Surgery, R. D. Mussey, was dropped out; in fact, it was proposed to form the new Faculty with gentlemen almost wholly from distant places.

This purpose, being announced, created great excitement in what was recognized as young medicine in the profession, and they appealed to the Trustees to recognize the number of successful and highly qualified younger members of this city who would be able, if put into chairs, to display suitable ability as teachers. But the appeal was unheeded. In fact, all efforts of young men here to open summer schools or private courses for teaching in physical diagnosis, or in anatomy even, had been frowned upon, and studious efforts

were made to keep students from attending such courses.

The supreme moment for an attack upon such a system was touched; the medical men of the town must array themselves against it to save themselves from demoralization and public disrespect, and a number of the most public-spirited of the younger members of the profession resolved to retrieve if possible the profession here from the odium so continually heaped upon it. It was a lofty spirit that actuated them; they felt that, if for nothing more, they must form the forlorn hope of the revolutionary party.

The elder Mussey consented, though then seventy-two years of age, to assume the headship of the undertaking as Professor of Surgery; his fame was National, and even international. Jesse P. Judkins, who had been driven away by the illiberal course of the Trustees of the Medical College of Ohio, agreed to leave the Chair of Anatomy in the Starling Medical School at Columbus and unite in a new school. He had gained much distinction throughout the West as a teacher of anatomy. The Faculty otherwise was made up of Chas. Avery, Anatomist; John White, Practice; George Mendenhall, Obstetrics; Edward T. Foote, Chemistry; John A. Murphy, Therapeutics; C. G. Comegys, Physiology; and John Davis, Demonstrator of Anatomy, who had already distinguished himself in that line in the old school. Except Mussey, Judkins, and myself, not one of the other members of the new Faculty had ever given a dozen medical lectures.

Our strength for professional reputation lay in the great fame of R. D. Mussey and of Jesse P. Judkins; our expectation of success in good will and cordial sympathy of the body of the profession in the city and its environs.

Our aim was high and motives pure; we felt as much disdain for all forms of quackery as the old school; our diplomas were not to be for sale, but attainable only as the outcome of successful study. Among the Faculty there was a warm esteem and proper appreciation of one another's capability

in their several positions. We were modest, but earnest; there was to be no end to our labors and sacrifices to support and push forward the new college; so we trimmed our ship, hoisted our sails, and not presumptuously but courageously made for the open sea.

We believed the Faculty which we ventured to rival was one of the strongest existing at that time in our country. Headed by the immortal Daniel Drake, associated with the famous Cobb, Baxley, Lawson, Rives, and John Locke, who made up the other chairs. Of course we could not claim to be their equals except in surgery and anatomy; but for the rest we believed that we could do effective work for students, and by unlimited labor and painstaking make for ourselves a good reputation. We had no disparaging remarks to make of any of those able men, rather we praised them; but we always stated our undertaking as one to promote the best interests of the profession in our city.

I believe that the old Faculty had no ill will towards us; they spoke kindly of our enterprise, but believed it uncalled-for, and they could not predict for us any great success.

We had a very encouraging number of matriculants for beginners and they became our enthusiastic friends. We were greatly embarrassed for want of clinical instruction; we could not get into the Hospital on any terms; so we proceeded to organize a polyclinic at our college, and it was a good success. This was the first college clinic ever maintained here. Next we joined with the Sisters of Charity in establishing the St. John's Hospital, now known as the Good Samaritan. In this way we obtained clinical material of an excellent quality. Then we assailed the Legislature to repeal the odious and illiberal law by which we were shut out of the City Hospital; that was granted. The scope of our instruction then became enlarged; our classes increased to such an extent that at the end of five years, which was the legal end of the old Miami Medical Association, we were invited to unite as one school with the Ohio Medical College; which was done,

and all of our graduates received the *ad eundem* degree of Doctor in Medicine from that venerable institution. Then there was no occasion for further contest. Our point had been gained. The new faculty of the fusion was nearly completely made of Cincinnati men, and since that year of 1859, the year of the fusion, it has not been thought necessary to bring professors from other cities to teach medicine in Cincinnati.

I have no hesitation in saying that in no other city of proportionate size can there be found a larger body of highly educated and trained young physicians than can now be found here ready to give a high order of medical instruction.

The old Miami Faculty have nearly disappeared; only three are left: John A. Murphy, John Davis and myself. We who survive feel a high satisfaction in the work that was performed by our old colleagues; a new era was created and will continue to grow brighter and stronger to the end.

Around us who remain there often flit the shadowy forms and dimmed faces of our illustrious companions; we venerate them; we feel that we have done what we could to continue their work, and we hope in some bright day to meet them again in immortal existence; because we, like them, have tried to do those good works of love and mercy to suffering humanity which the final Judge assures us shall open the gates of Paradise. "Inasmuch," He will say, "as you have done it unto one of the least of these, my brothers, ye did unto me. Enter into your reward."

Toast — "The Present Faculty of Miami." Response by Jos. Eichberg, M.D., '79.

Song by quartet.

Toast — "Our souls by instinct to each other turn, Demand alliance and in friendship burn." Response by D. B. Bundy, Jr., M.D., '90.

Toast — "The atrocious crime of being a young man I shall neither attempt to palliate nor deny." Response by D. T. Vail, M.D., '90.

Song by quartet.

Toast—"Fare thee well! and if forever, Still forever fare thee well." Response by S. H. Collins, M.D., '46.

"Auld Lang Syne."

Such meetings go far to cement the pleasant relations of the old graduates of the college with the Faculty and its younger members; and the large attendance, always implying some personal sacrifice on the part of a doctor, is splendid evidence that there is yet extant much of that fraternal regard for a colleague in the ranks, upon which, more than all else, depends the maintenance of professional dignity and honor. To renew the old college days with one who shared the pleasures of those times, to inquire after well-known and long-remembered friends, to give personal accounts of one's own fortunes and locality—all these are pleasures that come to class-mates none too often. Added to this, the refreshing sense that one can say "How are you?" in words of friendly welcome, without receiving a professional complaint of ill-health for answer, is, at times, a privilege keenly relished by the practicing physician.

The meeting adjourned with the conviction of an evening well spent, and with a cordial enthusiasm for the continued prosperity of the Alumni Association and the college which has laid its foundation.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending March 8, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Croup not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	3								1			
2.....			1				2	1				
3.....					1		1					
4.....	5					1						1
5.....	4		1									
6.....	1						2					
7.....												
8.....	1											
9.....												
10.....	1						1					
11.....	2						1	1				
12.....	1				3		4					
13.....							1	1				
14.....			1		3							
15.....									1			
16.....							2	1				
17.....												
18.....	1						2					
19.....											1	
20.....							1		1			
21.....							6	2				
22.....							4	1				
23.....			2		1							
24.....					1							
25.....							1	1			1	
26.....												
27.....	1											
28.....												
29.....												
30.....							1					
Cin. Hosp.							2	1				
Ger. Prot. Hosp.												
Totals	20		5		9	1	31	9	3		1	2
Last week.	11	1	3		13	3	23	13	1		2	2

The following is the mortality report for the week ending March 8, 1890.

Croup.....	2
Cerebro-Spinal Meningitis.....	1
Diphtheria.....	9
Typhoid Fever.....	3
Whooping Cough.....	1
Other Zymotic Diseases.....	7—23
Cancer.....	1
Phthisis Pulmonalis.....	22
Other Constitutional Diseases.....	9—32
Apoplexy.....	1
Bright's Disease.....	1

Bronchitis.....	6
Convulsions.....	3
Heart Disease.....	5
Peritonitis.....	2
Pneumonia.....	17
Other Local Diseases.....	22—57
Premature Birth.....	4
Other Developmental Diseases.....	2— 6
Accidental.....	1
Deaths from all Causes.....	119
Annual Death-rate per 1,000.....	19.04
Deaths for corresponding week in 1889....	119
Deaths for corresponding week in 1888....	101

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 55 cities and towns during the week ending March 7, 1890:

Diphtheria: Cleveland, 9 cases, no deaths; Toledo, 19 places, 6 deaths; Dayton, 6 cases, 1 death; Springfield, Zanesville, and Mansfield, each 2 cases, no deaths; Crestline, Middletown, Findlay, Lancaster, Ada, Rocky River, Beverly, and Bedford, 1 case each, no death.

Scarlet Fever: Cleveland, 14 cases, 1 death; Geneva, 16 cases; Lockland and New Straitsville, each 5 cases; Springfield, Youngstown, and Zanesville, each 4 cases; Tiffin, 3 cases, 1 death; New Washington, 3 cases; Toledo, Lancaster, Medina, Chester Hill, and Rocky River, each 2 cases, no deaths; Findlay, Ada, and Bedford, 1 case each.

Whooping-Cough: Cleveland, 1 death; Medina, 7 cases; Springfield, 2 cases; Ada, 1 case.

Typhoid Fever: Cleveland, 6 cases, 4 deaths; Fostoria, 2 cases; Ironton and Medina, 1 case each.

Measles: Cleveland, 70 cases, 7 deaths; Dayton, "epidemic;" Springfield, 4 cases; Belaire, "quite a number;" Massillon, 15 cases; Painesville, 14 cases; Ada, 12 cases; Lorain, 5 cases; Geneva, 3 cases; 2 cases each in Warren, Clyde, and Clifton (Cincinnati); 1 case each in Lancaster, Forest, Ashley, Smithville, and Fostoria.

No infectious diseases reported from the following places: Arcanum, Edison, Wellston, St. Paris, Norwalk, Conneaut, Bainbridge, Carthage, Wabash Tp. (Darke Co.), Pike Tp. (Clark Co.), Wooster, Garrettsville, New Richmond, Kent, Aberdeen, and Flushing.

C. O. PROBST, M.D., Secretary.

A PROGRESSIVE SCIENCE. — Old Mrs. Bentley: "What a lot of new diseases they have now they didn't have twenty years ago!"

Old Mr. Bentley: "Yes, but you should remember, Eliza, we have a terrible sight more doctors now than we had twenty years ago."—*Judge*.

Selections.

THE TREATMENT OF THE NASAL MUCOUS MEMBRANE IN WHOOPING-COUGH.

Several physicians, believing that the paroxysms of whooping-cough are to a greater or less extent due to reflexes from the nasal mucous membrane, have directed their attention to it with regard to the treatment of the disease. Dr. Beltz, who has conducted a large number of observations on the treatment of whooping-cough in the Griefswald polyclinic, speaks especially highly of a plan first practiced by Michael, which consists of employing nasal insufflations of a mixture of powdered nitrate of silver with magnesia in the proportion of one to ten. These insufflations are given at first once a day, and subsequently in two or three days, according to the frequency and severity of the attacks. He finds that the attacks are very decidedly lessened even after the first insufflation, and has come to the conclusion that this affords a more satisfactory method of treating whooping-cough than any other plan with which he is acquainted.—*Lancet*.

PULMONARY AUSCULTATION DON'TS.

Don't auscultate in a cold room.
Don't auscultate over the clothing.
Don't auscultate a chest before percussing it.

Don't stoop while listening to a chest.

Don't practice immediate auscultation, but select a good stethoscope and familiarize yourself with its peculiarities.

Don't forget that the hair on the chest give rise to crackling sounds under the stethoscope.

Don't forget that your own beard or hair may do the same in any mode of auscultation.

Don't suppose that a double stethoscope is better than a single one because it enables you to listen with both ears.

Don't forget that you can hear best

with a double stethoscope when it is held a straight line.

Don't fail to take into account that a metallic stethoscope imparts a metallic tone to all chest sounds.

Don't buy a stethoscope in which the stem does not go through the ear piece entirely; for the stem is the principal conductor of sound, and thus insures complete continuity of material from the chest walls to the ear.

Don't lean hard on the stethoscope.

Don't allow clothing or your fingers to rub on the stethoscope while you listen.

Don't auscultate with any silk material between the patient's skin and your ear.

Don't ever omit to auscultate the apices and bases thoroughly.

Don't neglect asking your patient to cough when you are in doubt as to whether a râle is located in the alveoli or bronchi: if in the latter it will be dislodged.

Don't fail to realize that râles in one interscapular region are sometimes reflected into the opposite healthy lung through the medium of the large bronchial tubes; and that a large râle or ronchus in one of the main bronchial tubes may be transmitted over the whole or a greater part of the chest.

Don't set too high a value on a single physical sign; always endeavor to find corroborative ones.

Don't fall into the common error of believing that the crepitant râle never disappears under examination. This takes place when freshly developed *crépitation* is not too profuse and is subjected to repeated forced inspirations.

Don't regard a slight click at the end of inspiration, or at the beginning of expiration in an apex, as a trivial sign.

Don't forget that, as a rule, the crepitant râles at the base are more moist and crackling than at the apex, and that the latter are more resistant to treatment than the former.

Don't think, if you find a wavy or jerking respiration, that it is always a danger signal.

Don't place too much reliance on vocal resonance or bronchophony.

Don't fail, in listening for prolonged expiration, to ask your patient to breathe through his mouth. This will prevent those sounds which are produced in the nares from being transmitted into the lungs.

Don't say blowing expiration for prolonged expiration. In auscultation parlance blowing applies to inspiration.

Don't overlook the fact that crackling and crumpling râles in an apex may indicate an old dry cavity.

Don't accept the common teaching of some text-books that the pitch of expiration in a cavity is always lower than that of inspiration.

Don't omit to remember that in a good-sized cavity in the left lung the heart sounds occasionally produce a metallic reverberation.

Don't conclude that owing to the absence of well-recognized signs of disease in the chest, there exists no phthisis, when wasting cough and fever persist.

Don't fail to record the physical signs and symptoms of every case you examine.

—MAYS, *Med. and Surg. Reporter*.

THE DISADVANTAGES OF SULPHONAL.

According to Henocque, (*Revue Générale de Clinique et de Thérapeutique*, January 23, 1890) sulphonal produces profound sleep, does not diminish reflex action, and is not an analgesic. A sufficiently large dose causes, in animals, death from arrested metabolism and depression of temperature. Its unquestionable hypnotic properties have been used by many alienists, who prefer it to chloral, paraldehyde, hypnone, or amylene hydrate. Italian and German physicians are particularly enthusiastic, the French less so. The latter have found it an unfaithful hypnotic in doses of fifteen to twenty grains, and that in larger amounts it causes chilliness, vomiting, diarrhœa, cutaneous eruptions, stupor or vertigo. Melancholics complain of hallucinations after its administration; hypochondriacs are depressed,—*Medical News*.

THE USE OF ANÆSTHETICS IN NATURAL LABOR.

Obstetric anæsthesia is quite different from surgical anæsthesia, the latter being indicated for all obstetrical operations. Obstetric anæsthesia may be general or local. For the former are used ether, chloroform, chloral and a variety of mixtures, including the bromide of ethyl and the protoxide of nitrogen. Chloral can hardly be considered as a general anæsthetic in the same sense as ether and chloroform. An injection of three or four grammes of chloral in solution given during the period of dilatation, and repeated perhaps in four or five hours, will often prove of the greatest benefit and comfort to the patient, regulating the pains, moderating the suffering of the patient, and abbreviating the duration of labor. In the latter part of labor chloral is less useful than chloroform, this substance being now almost universally used in parturition. When it is employed only in the first stage of anæsthesia no particular influence is exerted upon the contractions. If it is pushed to the second stage the contractions are retarded, but soon resume their normal rhythm. In the third stage of chloroform anæsthesia the contractions are diminished, or may cease altogether. This is a stage of danger, for not only the uterus but the heart and other muscular organs may be paralyzed. The fetus experiences very little of the effect of the chloroform. The author's experience is summed up in the following propositions:

1. Chloroform given in small doses produces a condition of physical and moral calm in the patient.

2. If the inhalations are prolonged for a considerable time, the result will usually be an attenuation of the uterine pain. The perceptions of the patient become less keen, and the uterine contractions are slower.

3. If the period of complete anæsthesia is reached with analgesia there is surgical and not obstetrical anæsthesia.

4. In some cases chloroform excites instead of calming, and in such cases its use should be discontinued.

5. In some cases chloroform has unquestionably diminished the retractibility of the uterus, and has thus been the cause of more or less severe hemorrhage after labor.

6. Chloroform has no action upon the fetus.

7. Chloroform given during the period of expulsion has a less decided effect upon the contractions of the abdominal muscles and the resistance of the perineum than is generally supposed. The sensation of pain at that period is not entirely abolished, the contractions are frequent, and Charpentier has failed to notice that which has been called by Campbell dissociation of the sensations of touch and pain.

Chloroform is specially indicated:

1. In primiparæ who are nervous and excitable, and in whom the pain may even cause delirium; also with those in whom the labor is greatly prolonged, thus becoming a source of danger.

2. In all cases in which there is spasm, contraction, or rigidity of the neck or body of the uterus. Contra-indications are the absence of severe suffering, the existence of placenta prævia, general prostration, disease of the circulatory or respiratory organs, cerebral disease, alcoholism, etc.

During the period of dilatation chloroform is most required, but only to the extent of obstetric anæsthesia, as a rule. It sometimes gives rise to nausea, vomiting, headache, and various nervous troubles. Hemorrhage is not likely to result unless the anæsthesia is profound. Chloroform cannot cause convulsions; on the contrary, it is one of the best means for relieving them. It may also be useful in warding off puerperal mania from those patients in whom the intense pain of parturition might lead to such a result. Dutertre has found reports of forty cases of sudden death during labor attributable to chloroform, but of that number thirteen should be eliminated as irrelevant. Of the others, some had cardiac or pulmonary disease, some suffered from alcoholism, and in others the narcosis was too profound. A first condition in the use of chloroform is that it should be chemically

pure; death from respiratory syncope may follow the use of an impure article. Small quantities should be given, the patient being in the horizontal position, and there should be an interval between successive inhalations.

—*N. Y. Med. Journal.*

AN INJECTION OF COCAINE FOLLOWED BY DEATH.

Simes, in a recent number of the *Gaz. degli Ospitali*, records a somewhat remarkable case of death occurring after an injection of cocaine into the urethra. The patient was a man of twenty-eight years of age, and preparatory to undergoing the operation of internal urethrotomy, had a gramme of a 20 per cent. solution of cocaine injected into his urethra. Saving his urethral stricture, the patient was in excellent health. Immediately after the injection the following phenomena supervened, namely, contraction of the muscles of the face, dilatation of the pupils, stoppage of the breathing, and violent epileptiform convulsions. The convulsive signs continued to increase in severity, the respiration became more and more feeble, the cyanosis became intense, and at the end of about twenty minutes, despite every care, the patient died. At the autopsy the lungs were normal, but extremely congested; the left ventricle contained no blood.—*Med. Press and Circular.*

ANTIFEBRIN AS A HYPNOTIC FOR CHILDREN.

A correspondent of the *British Medical Journal* says:

Amongst the many hypnotics which at present are being so liberally supplied by the chemists to the medical profession, it is well not to lose sight of the value of antifebrin in certain groups of cases. Although the drug suggests more than its action is to hinder the development of a febrile condition, or, when that condition exists, to lower the temperature, still in many cases in my practice it has proved a valuable hypnotic and analgesic.

Its value has been most evident in cases of broncho-pneumonia, croupous

pneumonia, and bronchitis, and that more especially in cases where children have been the sufferers. The marked relief which has frequently followed its administration has in many cases been extremely gratifying. Cases of fretful insomnia of the young, possibly partially caused by pain, fever or general *malaise*, have been speedily relieved by the drug, and from six to eight hours of refreshing sleep have been induced. After sleep the awakening was natural, there being no excitement nor confusion of thought. There was no period of excitement observed before the drug took effect. Along with the onset of sleep there was a fall of temperature, frequently a copious perspiration; at the same time the respiratory acts were slowed and the pulse-rate diminished. In no case have any evil effects been noticed, although the success of the drug induced its employment in a large number of cases.

The need of a safe hypnotic for children, such as antifebrin seems to be, will, I think, be readily appreciated, the number of cases where it is required being unfortunately very large. It is still further enhanced as a serviceable drug for children by the fact that it is comparatively tasteless, and also by the smallness of the dose; the dose being from two to five grains, depending, of course, on the age of the child. A useful way of prescribing it, I have found, is to place the powder on the dorsum of the tongue, either alone or mixed with a little powdered sugar. It might also be given in the form of a mixture—the drug being insoluble in a watery menstruum—suspended by the aid of mucilage and sweetened by any of the various flavoring syrups. There is yet another important advantage in hospital and general practice over many recently introduced hypnotics, in the comparative cheapness of the drug.

COME HIGH BUT WE MUST HAVE THEM.—“What are your charges, doctor?”

“Three dollars a visit.”

“Well, we don’t want you to come on a visit, but just to stay ten or fifteen minutes.”—*Puck.*

Translations.

MOLIERE AND GUI PATIN.

EXTRACTS FROM A MEDICO-LITERARY
STUDY OF DOCTOR NIVELETS.

TRANSLATED BY
THOMAS C. MINOR, M.D.
CINCINNATI.

[Continued from last issue.]

CHAPTER III.

SUMMARY.—*The satires of Moliere against physicians and medicines. — Types and documents furnished by Gui Patin and others. — The physician Tardy very learned in Hippocrates and Aristotle. — It is better to die according to rules than live without rules. — Medical Latin badly interpreted by Moliere. — Epigram of Etienne Pasquier.*

The preceding study, although it only offers a *résumé* of the doctrines of the times and some most marked outlines of the medical corporations, nevertheless shows where the great dramatic painter found his portraits and from whence he derived his information. It was Paris that served as a scene for the background. We shall examine, in a future note, whether he gathered his own information or whether it was not inspired by the doctors who were his acquaintances. Among his medical contemporaries, whose works we have consulted, Gui Patin's letters, which were not intended for posterity, but which were full of anecdotes, serve best to justify the satires of Moliere, for he was certainly the most bitter critic of his *confrères* at that period, and, except upon points of medical doctrines, his criticisms exactly support those of Moliere. "We have here," says he, in one of his letters, "a physician named Tardy, who is very learned in Hippocrates and Aristotle and knows his Greek, but is nevertheless not as wise as your Meissonnier. We cannot prevent his writing, but we can prevent him printing his ideas. When he meets one in consultation he always begs leave to talk, and has beautiful thoughts to express on every subject. I grant him the pleasure of chattering when my time is not too pressing. Once,

when the question of continued fever with pains in the head arose, he related marvelous things of the diaphragm and the qualities of hemlock. We can say of him as a certain pro-consul said of Saint Paul, "*Votre grand savoir vous met hors du sens.*"

This Tardy was the very type of man to furnish Moliere a subject. The great dramatic artist did not confine himself to study the physicians of his times by his eyes alone; his satires against the Galenists prove that he had a full knowledge of their writings. Is it not reasonable to suppose, besides, that Mauvillain, his physician, who was mixed up in the medical broils of the time, might have served as a prompter? We all know the response Moliere made to Louis XIV, who asked him why he had a physician: "Sire," said the satirist, "*we chat together*; he orders me remedies that I do not take, and, I recover."

The medical balderdash that he exposes in some of his comedies, especially in the "Physician in Spite of Himself," is not, as many might be led to believe, the exclusive fruit of his imagination. The following passage from Meissonnier, who published his theories in 1641, will enlighten the reader on this point:

"When one knows the structure of the brain, we easily understand that the animal spirit is principally situated in that cavity which is around the conarion, the which is nourished by water and salt that is held in the substance of the brain, along with the pituitous serosity which is distilled from the anastomoses of veins and arteries with the sulphur and earths found in the blood. This is necessary, as the blood is carried by the arteries and veins, which are covered with the same substance as the brain, with a serosity which softens it," etc.

This is enough to give a modern doctor a headache.

The play of "Sganarelle" is a plagiarism. The author had read Meissonnier, which leads forcibly to the conclusion, "*Osabundus nequeis, nequer polarinum quipsa, milas.*"

When Moliere, in his plays, returned

to the satirical idea, that all patients should die, when they died, methodically, when he makes his character Bahis, in the "Amour Medecin," say, "It is better to die according to rules than recover against the rules laid down for treatment;" we smile at the pleasantry. A letter of Gui Patin's fully demonstrates that in his time practitioners really did blame each other when cures were made where the precepts of the great masters of medicine were not literally observed.

"Dr. Guilleminere," writes Patin to Dr. Falconnet, of Lyons, "is wrong in accusing you of purging your patient on the fourth day. He does not know what motive led you to undertake it, and he is mistaken in saying that a purge on the fourth day is contrary to the doctrines of Hippocrates and Galen. *Turgente materia quotidie licet purgare.* You have done nothing but follow the rule of indications, and have so happily conducted the case that your patient has recovered. That which you have given as a purgative was only a minoratif, and the ancients did the same at the commencement of diseases." A dose composed of two drachms of senna, cassia and tamarands cannot be called anything else. You may give another good reason for your plan of treatment, *i.e.*, that in maladies where there is fear of internal inflammation it is better to purge than to permit the morbid humors to decay in the bowels, for there is danger that such serous and malignant humors may be carried to the brain or lungs. Fernel, a good man indeed, so stating; in his third book of his 'General Method,' Chapter XII, where the treatment may be found.

"I am ashamed of the ignorance of your Lyons *confrère* who does not purge before the seventh day. For twenty-six years I have done this thing more than a hundred times, and always with good success. Dr. Nicholas Pietre, who was my preceptor and a man of incomparable ability, set me the example in practice. One day, in a similar case, in the year 1633, I quoted to him the twenty-second aphorism of the first book: '*Concocta medicari oportet, non*

cruda,' etc.; and he answered as follows: 'That is a beautiful aphorism, but it is not necessary to abuse it.' But our patients have naught to do with our scholastic disputes. Fernel, it is true, has been contradicted by an Italian of the Galenian school, a very curious personage named Alexandre Massaria, in the second volume of his work, and also by Saxonia; although, to tell the truth, these professors of Padua have apparently no more cured their patients than Sennert, who discussed this question in his second book 'On Fever,' Chapter VI. This is why, if this quarrel lasts much longer between you two gentlemen of Lyons—best quote the authority of Fernel on your opponent, for Fernel is the Prince of all modern writers, and your side of the question will receive his able support, which will silence your adversary, if he be wise."

This passage we quote at length by reason of the interest it offers, for it demonstrates how great at this epoch was the mania for reinforcing the best arguments by citations from authors who were acknowledged authorities. The most simple case thus led to the most pretentious discussions, and was so ridiculous as to attract the attention of Moliere.

We know the exclamations in his play of "Malade Imaginaire," and the over-brilliant flowers of rhetoric his character Thomas Diafoirus draws out from the malicious Toinette: "Long live the colleges, that graduate so able a man. Ah, this is what study teaches; we learn to say beautiful things!"

Without doubt this satire is only applied in a general manner to the pedantic form turned out from the colleges of the time. Doubtless we see in the character Diaforius, the son, a type of the young man who left the study of philosophy and was still free from professional influences. When we think that these medical studies were really of a grave and serious nature, we can better comprehend this character of Diaforius. We should be tempted to believe that Moliere, forgetting himself on this one occasion, might be charged with the bad taste of creating an excep-

tion in place of taking a subject of common ridicule.

Boileau has remarked of the tricks of the character of Scapin:

"Dans ce sac ridicule ou Scapin s'enveloppe, Je ne reconnais plus l'auteur du 'Misanthrope.'"

But here criticism falls flat, for the following citations prove that at the time of Moliere physicians themselves were susceptible of giving each other blisterings:

Dr. Meissonnier dedicated his "Cours de Medecine" to Madam la Marquise de Caluse in the following burlesque language: "I leave to *savants* the mission of writing commentaries on your birth. I embrace only that which I have consecrated to you in particular, at the time when the light of day had not yet dawned on your vision, when you only lived the life furnished you by the blood of your mother," etc.—three pages in this disgusting taste.

Dr. Deboze, translating Riviere, plays upon the name of the author and addresses the reader thus: "The author of these observations was the celebrated Dr. Riviere, formerly Dean of the University of Montpellier, whose works have such a reputation among doctors that they have already gone through thirty-two editions. It is a *Riviere* (river) so pure, so healthful, so fertilizing, that it runs its course even through foreign countries, across the Alps, the Pyrenees, the Rhine, and the Danube. And the Italians, Spanish, Dutch, and Germans find the waters to their taste; so that they have naturalized this Riviere, which is greatly to his glory, and his praises are murmured by all nations," etc.

When Moliere's character of Thomas Diaforius is enthused at his son, because "He is blindly attached to the opinions of the ancients, and never cares to listen to the reasoning and experiments on the pretended discoveries of the age on the circulation of the blood," etc., it is the scientific passions of the period that are ridiculed.

In the time of Moliere the discoveries of Harvey met with the greatest opposition from the schools of Paris. The stubbornness maintained for the

ancient doctrines was pushed to such a degree that the celebrated Riolan and his sect did not hesitate to declare "*Malo cum Galeno errare, quam cum Harveyo esse circulator!*"

The same Diaforius, in the play, explains his reasons for not wishing to push his son at Court, and remarks: "I shall speak freely to you: Occupation near the great has never been agreeable to me, and I have always found it better to allow others to live before the public. The public is accommodating. You need answer for your patients to no one, and, providing you follow the rules of your art, nothing will injure you, no matter what happens. But to attend great personages is an injury to a doctor, for when they become ill their physician must cure them or be ruined."

This period was the one in which the unfortunate Dr. Valot, physician of the Court, charged with the health of Mazarin, had to support a daily shower of ridicule. The proof of this fact is found in the letters of Gui Patin bearing date of August 31, 1660:

"The King and Queen arrived at Vincennes. Cardinal Mazarin is lying sick there with nephritic colic, and has already been bled five times. Valot is there, holding on by the hair of the head. There have been angry controversies with Esprit in the presence of the Queen, and Guenaut mocked him. The Cardinal has been purged, but they do not mention his convalescence. Valot is not easy, at least; if he loses his patron he will be regarded as an ignoramus in his art. Palace steps are very slippery; it is necessary to be sure-footed to prevent falling."

The different trials that the University of Paris imposed on its surgeons, and the questions relative to pharmacy, especially against those who gave anti-mony, made a great noise in the fashionable world. This is how Gui Patin tells of the trial of Theophrastus Renaudot: "After being condemned at the Chatelet as well as at Court, and even more solemnly by a public discourse, pronounced by the first President, five advocates were heard, to wit: those for the journalists; those for the

children; those who plead for the physicians of Montpellier who were his followers; those who pleaded for the Medical Faculty; and those who were interested by reason of the Rector of the University. Our Dean also delivered a harangue in Latin *in the presence of the beau monde of Paris.*"

If the fashionable world of Paris was interested in medical quarrels of this nature, is it not likely that Moliere sought for his inspiration at these medical courts? Is it not easy to suppose that the remonstrances of his character Filerin, in his play "L'Amour Medecin," was inspired by these violent professional debates? For he remarks: "Are you not ashamed, gentlemen, to show so little prudence, for men of your age, to be thus quarreling like young rattlebrains? Do you not see how you injure yourselves by these public scandals before the world? Is it not enough for *savants* to hear each others discussions and quarrels, knowing the differences of opinion held even among ancient masters, without making an exhibition of ourselves to the people? By our debates, wrangles and boastings we sicken the public with our art. As for myself, I do not understand the wicked questions of medical politics, and confess that this strange abuse of the profession tends to ruin us all," etc.

In his character of "M. de Pourceaugnac," the Galenic theories of Moliere's time are always exposed with a more than vicious animation.

Is it not curious, after reading the tirade of the *first physician* on melancholy hypochondria, to find in Riviere the same rumblings, the same words, on the nature, cause, and symptoms of this affection? We transcribe the following from Riviere, putting in italics the expressions found in Moliere: "Now, the cause of this bad disposition of spirit is a *melancholic humor*, which by its *tenacity, thickness, and black color* infests the *spirits of animals* and renders them *mournful*; some authors give as an instance that in *hypochondriacal melancholia*, according to Galen, there is inflammation in the *hypochondrias*, and that thence an intemperate heat pre-

vails and dominates; yet we would respond that this inflammation, or rather *phlogosis of the hypochondria*, is due to the fact that the melancholic blood, retained for a long time in the spleen, acquires much heat from this obstruction, from which it conveys the *vapors to the brain*. We know this malady arises from all over the body, owing to the melancholy or natural habit of the body, which is *black, hairy, thin*, and other sinister signs; we know, finally, that this malady *proceeds from the hypochondrias* from excess of heat in the entrails, frequent spitting, and *wind ejected by the mouth.*"

It is necessary to be an educated physician, doubtless, in order to understand all the genius for observation and study observed in certain satires of Moliere against the physicians of his time. It is likewise necessary to reduce to their just value the serious judgments with which he views, in his dramas, the science of medicine. How the public laugh at these comedies! While we also admire such satires on our profession, we must show that there was much that was unjust in them, and that their author had a false appreciation of his subject, while his aggressiveness to our profession was unmerited.

In the scene between Lucas, Valere, and Martine, in the comedy of "A Physician in Spite of Himself," Martine, who wished revenge, says: "This is a man who performs miracles. It is but three weeks since a child of twelve years fell from off a steeple and broke its head, arms, and legs. They brought this man, who rubbed the unfortunate body with a certain ointment that he alone knows how to make, and the infant soon jumped to its feet and ran out to play pitch farthing."

Whereupon Lucas, Valere, and the others immediately seek the learned doctor.

A fact, ancient to-day, but which may be added to the others, proves that the public is more satirized in some of Moliere's plays than it would care to believe:

In 1848, in this nineteenth century, an impudent rascal, who had learned, in a prison, to apply empirical reme-

dies, established an office in a town of France. A cooper by trade, devoid of all education, and a drunkard, he announced himself as making marvelous cures, and claimed that all other physicians were ignorant. He was bound to succeed, for, like Sganarelle, he loved to laugh and play the buffoon.

A child in the town was confined to its bed by caries of the hip-joint. The quack said he could put it on its feet in eight days, and prepared it for cure by a whipping. The time for treatment being ended, he assured the parents that their child was cured, and they, believing him, made the little one run through the streets of the town, and the noise of this miracle spread to the suburbs. Soon all the incurables for miles about, rich and poor, came to the town. To the former this modern Sganarelle distributed bottles of "Christian Fat" at the price of five, ten, twenty, and fifty francs; to others he sold an ointment that scorched their skins as well as their purses. The real poor he obliged to give him a bottle of brandy or of red wine.

For three months this scandal was prolonged in different towns, until his fraud was discovered by the irate populace and he fled from the country. The people who were so enthusiastic before were now indignant enough to have hung him.

The scene of Orvietan, which, in "L'Amour Medecin," terminates a medical satire, is much more addressed to the public than to the doctors. The good man Sganarelle, father of Lucinda, is he not the type of father disposed to use in his family "*those remedies that many persons have found good*?" Is not the same history repeated to-day as in the time of Moliere, when the dear public slip so easily from the hands of regular physicians into the arms of the first magnetic healer or urine doctor who comes? As, for example:

The Public: Sir, we pray you give us a box of your quack medicine, for which we will pay you well.

The Mountebank: The gold of all the climates of the globe can ne'er repay this secret so important. My remedy cures, by its rare excellence,

more ills than you can number in a year.

The Public: Sir, I believe that all the gold on earth would not really pay for your remedy; but, however, here are twenty sous, which you will please accept.

The Mountebank: Admire my good qualities, and the little that I sell of this marvelous treasure will enable you to defy all the ills the wrath of Heaven spreads—sore throat, skin diseases, fevers, plagues, gout, pox, *measles*. Great is the power of Orvietan!

"The populace," says Gui Patin, "is so stupid and so ignorant that it verifies the saying of Pliny, 'In hoc artium sola evenit, ut unicuique se medicum profitenti, statim credatur.' A charlatan who boasts of his secrets is preferred to a good man who does not boast."

"Take care," says Lizette to Sganarelle in "L'Amour Medecin," "you will learn much now; the doctor's going to tell you in Latin that your daughter is sick."

Moderns can see in this Latin used in consultations and discussions nothing but pedantry. It is by ridiculing this Latin that Moliere made the public laugh. But it is also evident that his contempt for the medical art was exaggerated to the point of making him believe that these formulas, these citations in Latin, were only for the purpose of mystifying the public and luring the sick. Moliere was not ignorant of the fact of the high authority of Fernel, the reformer of medicine in France and his contemporary, a man who honored ancient authors and a writer who enthused all good physicians of his epoch. Nor could he have been ignorant of the purity of Latin as written by Fernel—a purity that excited the envy and jealousy of all the more learned Ultramontaines. "The Latin tongue," remarks Maurice Reynaud, in speaking of this subject, "is so agreeable to learned men, that several have had the rare talent of impressing it with a personal stamp." Says Gui Patin: "In my youth I loved the beautiful Latin, and my taste upon that score was of such extraordinary delicacy that I was al-

ways quoting in my letters the delicious lines of Cicero and Terence." The taste of Gui Patin was the taste of the day, and the injustice of Moliere on this point was a source of his antipathy, too often over-violent, against physicians.

A last word on the subject of the sarcasms and acrimony noted in his plays against the medical profession. It is in the mouth of Beralde, in his "Malade Imaginaire," that he most especially expresses seriously his personal feelings in regard to doctors. "You do not believe in Medicine?" asks Argan of Beralde. "No, my brother," replies Beralde, "and I cannot see, for personal safety, why it is necessary to believe in them." Then Argan exclaims: "What! you do not hold true that which is believed in by all the world, that which all ages have revered?" And Beralde answers: "Far from believing it true, I find it to be one of our greatest follies; and, having all due regard for things philosophical, I see no more pleasant mummery and nothing more ridiculous than the attempt of one man striving to cure another of disease." Following this long discussion, Beralde finally triumphs with his arguments.

The following epigram by Estienne Pasquier, seldom quoted, covers this point: "There is no man idolizes doctors more than I, when I am ill, and esteems their art more doubtful than when I am well. You will find this remark very strange, doubtless, that I respect those whose art is uncertain; and, peradventure, will say that, sick in body, I am sick in mind. To the contrary, I will say that, if the aphorism is true, the habits of the body and spirit mutually sympathize: being sick in the body, I am also sick in spirit when I idolize the doctors."

Let us recognize the fact that railers at medical art do not listen to reason, and wish to laugh, no matter what may be the cost. Yet doctors, in their turn, must laugh at the public, who all strive to practice with medical prescriptions.

[TO BE CONTINUED.]

Miscellany.

MEDICAL WIT AND HUMOR.

COLLATED FROM VARIOUS SOURCES
BY T. C. M.

BEEN VACCINATED.—Mr. Winks, (solemnly): "A noted physician says that deadly bacteria lurk in bank notes, and many diseases, especially small-pox, are spread that way."

Mrs. Winks: "Mercy on us! Give me all you have, right off. I've been vaccinated, you know." — *New York Weekly*.

THAT WONDROUS ELIXIR.

The years of her life numbered four-score and ten,

Her memory long ago failed her,
Her health was so feeble that medical men
Could not guess what the thing was that ailed her.

She was blind as a bat, as deaf as a post,
And everything seemed to confuse her;
We daily expected she'd give up the ghost,
And yet we all dreaded to lose her.

A short time ago, as a *dernier ressort*,
In hopes that it somehow might fix her,
We gave her in moderate doses a quart
Of Dr. Brown-Séguard's elixir.

It acted like magic; much younger she grew,
Her hair showed no silvery shade in,
And then, in the course of a fortnight or two,
She changed to a charming young maiden.

Yet still the elixir continued to act,
To childhood we saw her returning,
And fiction was not half so wondrous as fact,
For dolls she was found to be yearning.
She shortly became her great grand-children's
pride,

With playthings and innocent prattle,
Until as a baby of ninety she died,
Choked to death, having swallowed her rattle.

—F. H. CURTIS, *New York Sun*.

TALMUDIC LAW AND SEX PROCREATION.—The Talmud states that to beget boys, the couple must wait until the wife has an ardent desire for her husband; to have girls, the husband must have a violent need of the wife and must surprise her, so to speak, and take her unawares. Meyerbeer was dining one day with King Louis Philippe, who asked the composer if he had children. "Yes, sire," said he, "but they are all girls!" "What!" ex-

claimed the King, "you are a Jew, and and yet do not understand how to get sons." So the King told the musician of the Talmudic Law above quoted, adding: "I certify that my experience fully justifies this theory; I used to announce in advance whether I was to have a boy or a girl, and never made a mistake."—*New York Med. Weekly.*

THE GRIP.

[A Whitmanian Ode.]

I sing The Grip!
I, me, myself, Egometipse,
The Bard of Canarsie, the Sweet Singer of
Gowanus!
You hear me?

As previously remarked, I sing the Grip:
La Grippe, Russian Influenza, Blitz Katarrh.

Good, old-fashioned cold-in-the-head and crick-
in-the-back,
Or anything else you have a mind to call it.

I likewise sing its various symptoms:
The snuffling nose, the cough, the sneezing,
The feeling of big head, the pain in the back
and pretty much all over,
The two dozen handkerchiefs per day!

I sing the treatment for it:
The antipyrine, the quinine, the phenacetine,
the exalgine, the morphine, the cocaine,
the antifebrin, the pyrodine.
The old rye, the old Jamaica, the hot toddy,
The mustard plasters, the soaking of the feet,
the soaking of the head.

All the various anodynes, hypnotics, febrifuges,
analgesics, stimulants, tonics,
Simples, prophylactics, panaceas,
The whole Materia Medica,
I sing the United States Dispensatory!

Moreover, I blow my bazoo about the excuses—
The man who has to go out nights to sit up
with a friend who has The Grip,
The man who takes medicine for The Grip and
then takes a clove for the medicine—
I catch on to the whole racket!

Oh, there is no mistake about The Grip!
It beats the razzle-dazzle!
It knocks out McGinty!
It elevates sheol!

Therefore I warble a few warbs!
I manipulate the tuneful hewgag!
I make the wild echoes hump themselves—
I sing The Grip!
—W. F. JOHNSON, *Commercial Gazette.*

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Original Articles.

THE FORMS OF NEPHRITIS.

WITH REPORT OF ILLUSTRATIVE
CASES.

A Paper read before the Cincinnati Academy of
Medicine, February 17, 1890,

By JAMES M. FRENCH, A.M., M.D.,

Lecturer on Morbid Anatomy and Demon-
strator of Pathology in the Medical College
of Ohio; Attending Physician to the St.
Mary's Hospital, Cincinnati.

I trust that the great importance of
all forms of kidney disease will be suffi-
cient excuse for my asking your atten-
tion to the report of three cases which
have recently come under my care.

CASE I.

When, on the 1st of January, I took
charge of my division of the male medi-
cal wards at the St. Mary's Hospital, I
found among the patients a man, about
forty-eight years of age, who promptly
gave as the diagnosis of his illness
"Bright's disease." He stated, how-
ever, that he felt well; that his appetite
was good, his bowels normal in action;
he never had nausea, vertigo, headache,
or other nervous disturbance. His urine
was voided in normal amount, as he
thought, and he could give no reason
for his remaining in the hospital further
than that he had been admitted a month
before for Bright's disease. The next
morning I examined a specimen of urine
which he had voided during the night,
and, although both heat and nitric acid
were applied, I found not a trace of
albumen. The urine was apparently
normal, except that it was rather rich
in urates. It was after I had informed
the patient of the result of my urinaly-
sis that he told me he had been sent to

the hospital by one of our most eminent
physicians. As there could then be no
question of the correctness of the diag-
nosis, I supposed that the case had been
one of acute nephritis, which had about
terminated in recovery. At my sugges-
tion the patient left the hospital, with
instructions to return immediately upon
the reappearance of any of his pre-
vious symptoms.

In less than a week he appeared at
my office with a note from his former
physician and a bottle of urine, which
contained about 1 per cent. of albumen.
The man was readmitted to the hos-
pital, and during the month that he
remained there daily urinalysis proved
that albumen was never entirely absent,
but varied in amount from little more
than a trace to 1 per cent. I made sev-
eral careful searches with the micro-
scope, but found no casts. I tested the
urine brought to my office at the hos-
pital in the same manner as I had pre-
viously done, and found the reaction
the same as with my own reagents.

The history of this case was rather
indefinite. Employed as a coachman,
he had been exposed to the vicissitudes
of the weather, but had not been aware
of more serious injury than a slight cold
and neuralgic pains, although there was
something present which lead his phy-
sician to state immediately, without in-
terrogation, "You have Bright's dis-
ease." Probably there was some œdema
of the face.

CASE II.

J. F. M., aged thirty-eight, native of
the United States, but of German parent-
age, was admitted to the hospital Feb-
ruary 2, 1890. His father died of
cholera thirty-five years ago, his mother
of apoplexy one year ago. When a
child he did not enjoy good health,
although he does not recollect having

had any decided illness or acute disease. As he grew up, however, he became robust. From his twenty-second to his twenty-fourth years he suffered almost constantly from intermittent fever of the so-called tertian variety. He gives no history of other acute infectious diseases or of syphilis. Eight years ago (*i.e.*, when he was thirty) his hands and face became very much swollen and inflamed, remaining so for five weeks, as a result of being poisoned by a vine while passing through a jungle.

He is emphatic in his assertion both of the correctness of this origin of the disease and of the fact that his disease was purely local, there being no alteration of the character of his urine at that time. Until the commencement of his present illness he has had perfect health. This occurred three weeks ago, or about one week before his admission to the hospital. The day previous to its inception he had been caught in a rain-storm and had been chilled, but retired feeling no ill effects from it. In the morning, however, his eyelids were puffed and his fingers were stiff. He gave it no attention until the morning on which he was admitted to the hospital, when he awoke with general anasarca, his eyelids quite closed, his extremities swollen and stiff, and with headache and vertigo.

When I first saw him his appearance was typical. The diagnosis of his disease was written on every part of his body. For, in addition to the general anasarca, he had contracted pupils, a rapid pulse, anorexia, headache and dizziness. During the day and night following he slept a great deal. The urine was passed in small quantities at short intervals; very scant, and he had not voided more than a pint during the day. It was of a deep brownish-red color, sp. gr. 1.012, and it contained albumen in such abundance that when acidulated and boiled it coagulated into an almost solid mass, which refused to flow from the inverted test-tube. The microscope revealed enormous numbers of red blood corpuscles, with many colorless corpuscles, numerous granular casts, some blood casts and an occa-

sional hyaline cyst, epithelial casts and free cells of renal epithelium.

The patient was at once given one-eighth-grain doses of pilocarpine every three hours, a hot bath at night, with the exclusive milk diet and small doses of compound licorice powder. As a result, he is now (after two weeks) free from anasarca, and all the symptoms of the disease except albuminuria. This persists, but the quantity, constantly diminishing, is now little more than 1 per cent. Blood corpuscles, although present so late as Saturday, can not be found to-day. The quantity in the twenty-four hours ending this morning was sixty-six ounces. Sp. gr., 1.006.

CASE III.

John H., aged thirty-eight, a native of this State, was admitted to St. Mary's Hospital January 30, 1890. He states that he was puny and delicate during childhood, being very poorly developed until his sixth year, when he began to grow. He is now a tall, robust man in appearance. When seventeen years of age he lost his sight by the discharge of a gun, both eyes being totally destroyed. At twenty-two he had scarlet fever, from which he made a perfect recovery. At the age of thirty he had intermittent fever lasting two weeks. Soon after this he suffered from pain in the back, with stiffness, which his physician pronounced "kidney trouble," and, agreeable to promise, quickly fixed him up. His urine was not changed in quantity at the time so much as to attract his attention, but the trouble followed exposure to cold and wet, and was probably a nephritis.

His present trouble commenced about four months ago with profuse diarrhœa, which lasted until Christmas, notwithstanding medical treatment. As this finally ceased, he began to suffer intensely from pain in the umbilical region. When admitted to the hospital he had, in addition to this, a burning sensation in the palms of his hands and soles of his feet, of which he complained greatly. He had a good appetite, regular action of the bowels, and slept well except when attacked by pain. This came on in paroxysms, commencing

usually in the afternoon and lasting until an indefinite time of night, and were not generally allayed without morphia. His family history revealed no taint, and there was no trace of syphilis or tuberculosis, or of intemperance or any neurotic disease in his own history. Careful physical examination revealed nothing, and for a few days I was inclined to consider the case one of hypochondriasis. When, however, I saw him in a paroxysm, rolling upon the floor with convulsive movements, moaning and all but unconscious; and when I observed his quick and hard pulse I was led to examine the urine. This I found somewhat diminished, measuring thirty ounces in the first twenty-four hours; the color was not much altered, but dark, and it contained little more than a trace of albumen. With the microscope, after diligent search, I was able to find only one or two granular casts and a few columnar epithelial cells. I placed him on the fluid extract of jaborandi, however, with hot baths at night. Not only did the paroxysms of intense pain cease, but his face and hands assumed a somewhat sunken, wrinkled appearance, indicating that there had been some œdema unrecognized by either the patient or his attendant. I have not been able to detect even a trace of albumen in the urine for several days; the quantity has increased to forty-two ounces in twenty-four hours, and I to-day found a single granular cast, after a rather hurried search. [A few days after this report was made the quantity had gradually increased to more than one hundred ounces!]

REMARKS.

My object in reporting these cases this evening is to elicit discussion upon the classification of diseases of the kidney; and while I regret that I have not had an opportunity to present a complete study either of the cases or of kidney diseases in general, I hope that enough has been done to call forth an exchange of thoughts. So many forms of nephritis have been described as to almost bewilder the mind of one who attempts to unravel the many different descriptions. Not many years ago the

classification appeared much simpler. There was an acute and a chronic form of parenchymatous nephritis, and a chronic form of interstitial nephritis, or the granular kidney, to one of which every case of kidney disease was forced to belong. But it was soon observed that nearly every case in which the parenchyma was affected exhibited some alteration of the interstitial tissue also, and that all so-called granular kidneys were affected with parenchymatous nephritis as well. And, although the explanation was given that the parenchymatous disease led to interstitial sclerosis, and that interstitial disease produced cloudy swelling of the parenchyma, a new classification was sought for.

At present there is, I think, no general description which will exactly cover all morbid conditions of the kidney which are found on the post-mortem table; but possibly the classification which is given in our text-books is about as nearly complete as it can be made—particularly that given by Delafield in "Pepper's System" and in the admirable work on Pathology by Delafield and Prudden. Into this classification there is admitted an acute and a chronic parenchymatous nephritis, and an acute and a chronic diffuse nephritis, a certain number of cases of renal disease being described as renal congestion, which, occurring as a complication of acute infections, may be severe or even fatal in its issue, but is, as a rule, but transient.

A not infrequent form of chronic parenchymatous nephritis is illustrated in the first case which I have reported, an extremely mild case, it is true, that might easily be classed as an instance to T. Grainger Stewart's harmless albuminuria, but for its persistency. It is in the chronic parenchymatous form of nephritis that we have, as a rule, the least disturbance of the nervous system, and a more marked tendency to anasarca; a slight diminution of the quantity of urine, with elevation of its specific gravity; almost constant albuminuria, varying in degree, never extreme, except as a result of acute exacerbation. The chronic parenchy-

matous kidney is always larger than normal, is lighter in color; never so large or so pale as the "large white" kidney, with which it is often confounded. Its surface is smooth, the capsule not unduly adherent. The increase of size is due to thickening of the cortical portion.

My second case belongs to the form of nephritis known as the acute diffuse nephritis, in which we have both nervous and general phenomena—headache, drowsiness, neuralgic pains, weakness, nausea, vomiting, anasarca, etc., with scant, bloody urine of low specific gravity, containing large quantities of albumen, with numerous casts. The kidneys are large, smooth, often deeply congested; there is cloudy swelling of the epithelium, particularly of the cortex, with desquamation of that in the tubules.

The distinction between the forms of chronic diffuse nephritis is always a difficult undertaking, apt to fail about as often as it succeeds. I am therefore undecided whether the third case I have reported belongs to the class of granular or contracted kidneys, or to that of the large white kidney. I am rather inclined, however, to look upon it as one of the latter variety, inasmuch as the urine varied widely in quantity; it never contained more than a trace of albumen, found only in the urine voided late in the day; the nervous phenomena were marked; anasarca slight; the pulse quick and firm; and there was a history of persistent diarrhœa a few months ago. These are the cases in which sudden death occurs; too often, unfortunately, without a recognition of its true cause. Individuals who were not known to be the victims of disease drop dead on the street, or are found dead in bed, and the case is at once attributed to heart failure or apoplexy, where a thorough investigation of the case would show it to be one of diffuse nephritis. These, too, are the individuals in whom after death we find small shrunken kidneys that have caused no sufficient disturbance during life to lead to the recognition of their presence—cases in which an examination of the urine might have added

months, if not years, to the life of the individual.

(FOR DISCUSSION SEE P. 348.)

Correspondence.

THE RIPLEY BROMO-LITHIA SPRING.

Editor Lancet-Clinic:

DEAR SIR:—A few weeks ago I read an article in your valuable journal on the Ripley Bromo-Lithia Spring. As a resident of, and practicing physician for forty years in, this historical old town (Ripley), I desire to add further testimony to the fact that this water is a medicinal agent of great positive value.

In the practice of every physician obstinate and intractable cases are frequently met with that resist the best efforts to control by the ordinary means employed. I believe the bromo-lithia water will aid physicians greatly in the treatment of many such intractable cases. I will recite a few cases where the water has very happily assisted in the treatment to excellent recoveries:

CASE I.

Mrs. W., aged about forty-six, was suffering with Bright's disease of about four years' standing. There was a large per cent. of albumen, considerable pus, and blood in the urine. The feet, hands, and eyelids were very œdematous. She could not lie down, and was very short of breath, and death seemed imminent. At this critical stage she began to drink the water. In a few days the dropsical effusion lessened, the urine increased in quantity, the albumen decreased in amount, and gradually all the urgent symptoms changed for the better until, in about three months, convalescence was fully established; and in six months the woman was restored to perfect health, on the use of no other agent but this bromo-lithia water.

CASE II.

Mr. L., age about fifty-eight, had frequent attacks of acute articular rheumatism twenty or more years ago, I

then put him on the ordinary treatment, and recovery would slowly follow. About fifteen years ago, however, after a very severe and prolonged attack, the joints, especially the knees, ankles, elbows, and wrists, remained swollen, tender, and stiffened, and for ten years last past, previous to the use of the water, he was an invalid to such a degree that he gave up all business, at times being unable to walk or use his hands. About eighteen months ago he began the use of the bromo-lithia water. In a short time improvement was perceptible. In three months the swelling, soreness, and stiffness had quite subsided, and the urinary functions, which had been deranged, were performed healthily. In six months he resumed business, restored to health, having gained about fifty pounds in flesh, and free from every symptom of rheumatism or kidney trouble.

CASE III.

Miss C., a young lady, had been under my care for chronic dyspepsia, a sufferer for many years. She was greatly reduced in flesh, her stomach refusing nearly every kind of food. She was despondent, feeble, and quite a burden to herself and friends. About a year ago I put her on the use of the water, in addition to other rational means. In a short time her stomach began to retain and digest food. She rapidly recovered, gaining lost flesh, her cheeks became ruddy, her spirits revived, and now she is in most excellent health and still drinks the water.

I could relate many other cases of rheumatism and dyspepsia, but these will indicate what the water will do.

CASE IV.

Mr. S., age about seventy-four, suffered extremely from irritability of the bladder and difficulty in passing urine from enlarged prostate gland for many years. I put him on the use of the water exclusively. He has been benefited to such a degree that he now suffers very little inconvenience, not being disturbed during all night to pass urine. He has gained strength, vigor, ruddiness of cheeks, elasticity of step, and feels greatly renewed in all respects, and still drinks the water.

I am convinced from observation and trial that the water is a splendid tonic, eliminative, and depurative, that in addition to rational means it will yield good results in cases of debility, amenorrhœa, chlorosis, scrofula, enuresis, specific diseases, etc., in addition to rheumatism and kidney diseases.

I think physicians who will try it will be pleased with the results, and esteem it as highly as any other lithia water they may have used.

J. C. WINTERS, M.D.

RIPLEY, OHIO.

EXCRETION OF ALBUMEN IN NEPHRITIS.

Sehrwald, of Jena (*Deutsch. Med. Zeit.*), gives us the following as the result of his observations in nephritis:

1. The quantity of water excreted by the kidneys does not depend on the quantity ingested.

2. The more work the epithelial covering of the glomeruli has to do, the more albumen is allowed to pass through.

3. In this respect, poor nourishment is more unfavorable than hard work, and a nourishment poor in albumen increases the quantity of albumen excreted.

4. The quantity of albumen excreted is proportional to the quantity of water and salts excreted; but bears no relation to the quantity of urea excreted.

5. A high temperature increases the excretion of albumen by increasing the metamorphosis of tissue.

6. A moderate quantity of albumen combined with considerable carbohydrates and fats is recommended as diet in cases of glomerulo-nephritis; where, however, the epithelium of the tubules is diseased, albumen should be excluded from the diet.

7. A warm, dry, equable climate is the best suited to these cases.

—*Med. Times and Register.*

MENTHOL IN COLDS.

Inhalations of menthol are said, by Lennox Brown, to be of good service in acute rhinitis, influenza, and other affections of the nose and throat.

Society Reports.

CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of December 3, 1889.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDW. S. STEVENS, M.D., Secretary.

Hæmoptysis.

DR. C. P. JUDKINS reported a case of hæmoptysis to illustrate the efficacy of the iodide of potassium in that affection.

Two weeks ago he was called to see a lady who in the midst of a cough was attacked with hæmoptysis. He found her in bed, with a rapid pulse and nausea. He prescribed absolute rest, and for medicinal treatment he advised at first oil of sandalwood and afterwards ergot. Neither of these gave any relief, and only served to aggravate the nausea. The second day her menses appeared, but were not profuse, and she complained of pain in the right mamma. He continued the ergot and ice. Afterwards he ordered calomel and opium because of the irritable stomach, and because of a suspicion of a syphilitic history. The calomel was given in one-half grain doses until she had taken twelve doses. The stomach was better; the pulse 130. The third day she could take nourishment. He now ordered iodide of potassium, five drops of the saturated solution every two hours. The third dose stopped the bleeding. He continued the iodide, ten grains three times daily. She is now able to sit up. Calomel was pushed to pronounced pyalism. She is now coughing very slightly.

DISCUSSION.

DR. WM. CARSON spoke of the fallacy of making an inference from a single case. We know that these cases recover if simply kept quiet. Another thing, the speaker said, he did not believe that syphilitic disease of the lungs is common. We have cirrhosis

with a syphilitic history. But the iodide of potassium has other effects besides specific. It has an effect upon arterial tension, and might bring about this result in this way. In some of these cases of hemorrhage a saline will relieve when astringents fail. Sir Andrew Clark speaks of hæmoptysis in old people from the effect of age upon the vessels. A case under observation within a short time in a man aged seventy-four recalls this one of Dr. Judkins.

DR. JUDKINS: The patient was seized with hemorrhage while sitting in her chair. Two years ago she had facial erysipelas and recovered. About a week previous to this attack she had trouble with her ear, a trouble which was common. She had frequent hemorrhages, and the ergot was given because it is the fashion to give it. The calomel was given because of the irritability of the stomach. When he first became acquainted with the patient, six years ago, he had suspected syphilis. She had never had any lung trouble. She complained of pain in the chest near the mamma. There was no question but that the bleeding came from the lungs. She vomited blood which she had swallowed. Under the remedy prescribed for syphilis the bleeding promptly subsided.

DR. J. C. OLIVER did not believe that because the iodide of potassium was given it proved the existence of syphilis. Iodide of potassium is often given in hemorrhages occurring about the time of the climacteric. Another thing which weighs against the theory of the Doctor is that so small an amount of the remedy should produce the result.

A Case of Alleged Hydrophobia.

DR. WM. CARSON reported this case not because of the interesting pathological study it offered. The diagnosis was suggested by the language of the patient. The history is not complete, for there was no post-mortem examination. The subject was an American, æt. eighteen, single, a hard drinker. He left home three weeks ago, and has since been exposed to the weather; has

had poor food, irregularly partaken of. He had a sore throat for about a week. About one month ago he was bitten by a dog. There was no pain in his throat when he was admitted to the Hospital; pulse 116, temperature 100.6°. Condition of the urine not known. He was poorly developed; pupils react to the light readily. Left tonsil inflamed. Ordered salicylate of soda. Delirium came on that afternoon. There were illusions and delusions. He was given stimulants. He says he can not swallow. The urine is bloody and small in amount. He died that day. There was no special excitement at the examination; the exposure, his want of food, etc., are sufficient to account for his condition. The speaker has before reported cases of nephritis following tonsillitis. The habit of hard drinking followed for years might develop a nephritis. There was no such dysphagia as could not be explained by a local throat trouble, and no more maniacal excitement than could have been produced by acute alcoholism and nephritis.

DISCUSSION.

DR. WM. L. MUSSEY said that this case reminded him of a case which came to the Hospital during his residence there. The patient was a boy ten years of age, and was brought by his father. According to two physicians and the newspapers he had undoubted hydrophobia. The boy was an only child, and had been spoiled by his father and grandmother. It was about the time of the starting of Pasteur's laboratory. The boy was bitten by a cat. He wanted to go to the theatre and was forbidden to do so. The hydrophobia developed that night. When he was brought to the Hospital he mewed, scratched, and bit in imitation of a cat. He continued this for a few hours, when the electric brush was applied. There was no further repetition of the symptoms of hydrophobia for several days. The attack then came on again, the electric brush was again applied vigorously, and the patient was shortly discharged cured.

DR. J. A. THOMPSON said that in this connection the observation of a

dog fancier would be of interest. He was of the opinion that the majority of cases of hydrophobic convulsions in the dog were due to uræmic convulsions.

Hypertrophic Cirrhosis.

DR. WM. CARSON reported two cases of hypertrophic cirrhosis with somewhat similar symptoms. One of these cases died; the other improved and was discharged. He spoke of the treatment of these cases by the ointment of the iodide of mercury externally and the bichloride of mercury and iodide of potassium internally, mentioning the fact that some persons have been claiming that the condition may be suspended by this treatment.

Meeting of December 10, 1889.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDWARD S. STEVENS, M.D., Secretary.

Cystic Tumors of the Broad Ligament.

DR. BYRON STANTON, in a discussion on this subject, said: The physician who does not have to do with gynecological practice cannot properly appreciate the difficulties of diagnosis of the diseases of the upper part of the pelvis. The important functions of the organs in this part of the body, and the ease with which those functions may be disturbed, have directed attention to them, and their diseases have received much consideration in the last few years; their diagnosis is not so difficult as formerly supposed, and their treatment is conducted on more rational principles. There is greater reason for publishing reports of this class of diseases, because they have been regarded as obscure and beyond the reach of easy diagnosis.

The source of the cystic tumors of the broad ligament has long been a disputed point. Waldeyer maintains that they have their origin from a remnant of the Wolffian body; others that they arise in the parovarium. That they sometimes have their origin in the latter has been demonstrated by Broca and others, but that they all so origi-

nate is not generally admitted. Doran (London) says a large proportion of them are not of parovarian origin. Dr. Terillon (*An. de Gyn.*, Dec., 1885) insists that the most frequent variety springs from the parovarium. It is probably true that those tumors that attain such size as to call for treatment have their origin in the parovarium, and that the cyst is a distension of one of the canals of that organ from hypersecretion of the natural fluid. The contents, then, consist generally of simple serum, with chlorides and epithelium normal to those structures; but as these cysts may undergo degenerative changes, the contents are not constant. Inflammation and violence modify their contents by the addition of inflammatory products, as pus and, sometimes, albumen. The epithelium, which from its source should be ciliated, is not always so. In some cases the epithelial cells are flattened or changed in shape by tension upon the thinner and more yielding parts of the cyst. Papillomatous growths frequently develop in these cysts.

The anatomy of the cyst is simple. The cyst walls consist of two delicate membranes, a lining membrane and the peritoneum, united by a frail connective tissue. The large, fleshy bands sometimes seen on these tumors are fibrous tissue normal to the broad ligament stimulated to increased growth by the presence of the cyst.

Peritoneal adhesions are not so frequent as in ovarian cysts, but adhesions, more or less complete, of the oviducts sometimes occur. The ovaries are sometimes enlarged from the hyperæmia of pressure.

The slow growth of the parovarian tumor is accounted for by its meagre blood-supply. The blood-vessels are from the fibrous covering of the cyst, small arteries from the broad ligament. There is no large nutrient artery such as is found in the pedicle of an ovarian tumor. Hence enucleation is generally more easily performed, and the removal of these tumors is not usually attended with the loss of much blood.

These tumors are sometimes pedunculated, sometimes sessile. The deter-

mination of this question is sometimes difficult before operation, and it is not without importance, for removal is much more difficult and dangerous if the tumor has not a pedicle. If not pedunculated, Arning regards the operation as more dangerous, because the tumor must be removed by enucleation, in which the subperitoneal cellular tissue is laid open.

I have already referred to the difficulty of diagnosis of the diseases of the upper part of the pelvis. The trouble is not so much due to obscurity of the symptoms as to the fact that such a variety of conditions in the pelvis give rise to symptoms so similar that differentiation is rendered uncertain. There are no subjective symptoms pathognomonic of the diseases of the parovarium, oviducts, or ovaries. What I have said of the diseases applies as well to the neoplasms of the organs mentioned. Notwithstanding there are certain symptoms laid down in the text-books as characterizing the different growths in the pelvis, the differential diagnosis of cysts of the broad ligament and ovarian cysts, for instance, is not always easily made. The man who reports his first operation gives many reasons why the symptoms present must have clearly indicated the exact character of the tumor which he found, but he is chagrined when, at a subsequent time, apparently the same symptoms lead him to cut down upon a tumor which he finds to differ in character and origin from the first. There are no distinctive symptoms that are always present. There are some physical signs that may enable us sometimes to say with considerable assurance that this is a parovarian cyst, and that an ovarian cyst, and another a hydrosalpinx, but a positive diagnosis cannot be made except by an exploratory incision.

The tumors most likely to lead to confusion are ovarian cysts and cysts of the broad ligament. It is true that the history of their growth is generally different, but there are so many departures from what is regarded as the rule in regard to both, that we may be misled. It is true that parovarian cyst is rare, but it is of such frequent occur-

rence that it cannot be ignored. Parovarian cysts generally occur in young persons, but, as ovarian cysts occur at any time between puberty and the menopause, age gives us no information on the subject. Parovarian cysts do attain great size, as a rule, — a rule to which there are exceptions, — but ovarian tumors are at some stage of their growth no larger than parovarian cysts. The latter are of slow growth and pressure symptoms occur late, if at all; but ovarian tumors sometimes grow no more rapidly. The parovarian cysts are always mono-cystic, and, as they are filled with a serous fluid, fluctuation is perfect throughout the cyst. This is not generally the case in ovarian cysts, the dissepiments of which arrest the wave more or less completely; but ovarian cysts, whether paucilocular or multilocular, may have one cyst so greatly exceeding the others in size as to resemble a monocyst or to be practically unilocular, surgically considered. A large compound cyst of the ovary may have small endogenous or exogenous cysts which do not interfere with perfect fluctuation in the larger cyst. A smooth, spheroidal tumor, with no irregularities and with perfect fluctuation in every direction, may be of ovarian or parovarian origin.

Fluctuation *per vaginam* is generally more distinct in parovarian cysts, but may not be evident in either.

Even aspiration and examination of the fluid does not always enable us to make a diagnosis between parovarian and ovarian tumors. In most cases the contents of a parovarian cyst differ greatly from the contents of an ovarian cyst. The fluid of the former is generally scanty, but Winckel once removed twenty-nine pints, and Duncan says he has seen a parovarian tumor "far larger than the gravid uterus at full term." The fluid is generally limpid, opalescent, of low specific gravity, contains only a trace of albumen and is free from paralbumen and mucin, while the ovarian fluid is generally highly albuminous, of higher specific gravity, contains paralbumen, fat-cells, granular *débris*, cholesterin, mucin, etc.

Winckel quotes Spiegelberg as hav-

ing found "the fluid (evacuated by exploratory puncture) to possess all the characteristic of ovarian fluids, paralbumen, granular *débris*, decolored and shrivelled red blood-corpuscles, scattered white corpuscles, large granular fat-cells and plates of cholesterin." Dr. Duncan has seen the parovarian cyst contain "a fluid yellowish, mixed with pus or blood, of the consistency of honey, and like coffee-grounds in appearance." On the other hand, ovarian fluids are sometimes poor in albumen and free from paralbumen.

While the nature of the fluid, then, will generally enable us to make a correct diagnosis, it cannot always be absolute. There are exceptional cases where the contents of parovarian cysts cannot be distinguished from those of ovarian cysts.

In regard to the treatment of these cysts, nothing can be accomplished by medicines. Surgical treatment is not required in all cases, but where the tumor attains such size as to cause serious pressure-symptoms or to affect the health of the patient, removal or tapping must be resorted to. These cysts sometimes rupture spontaneously or by accident, giving rise to shock, pain and fever, which disappear in a few days, and the tumor may not return. A spontaneous cure may be thus effected. Tapping sometimes effects a cure, but, unfortunately, not all are susceptible of cure in that way. Arning regards repeated tapping as preferable to abdominal section if the tumor is not pedunculated, so long as the general health does not suffer. In complicated cases, when tapping fails, abdominal section may be required. In purulent cases, tapping would do no good—indeed, might do great harm. Tapping is an operation not unattended with danger, and one of the dangers is the possibility of escape of an irritating fluid into the abdominal cavity, giving rise to peritonitis; but the dangers of tapping are much less in parovarian than in ovarian cysts.

BINDING.—A VOLUME ($\frac{1}{4}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of February 17, 1890.

The President, WM. JUDKINS, M.D.,
in the Chair.

G. A. FACKLER, M.D., Secretary.

DR. J. M. FRENCH read a paper on
*The Forms of Nephritis, with Report
of Illustrative Cases.*

[FOR PAPER SEE PAGE 339.]

DISCUSSION.

DR. KEBLER considered the subject an interesting one, for the more it is studied the more it seems that the whole matter is surrounded by a halo of doubt. While the speaker was studying medicine the subject was divided into three classes: the acute and chronic parenchymatous, and the chronic interstitial. One teacher claimed that these were all separate and distinct affections, while the other taught that they represented only different periods of the same disease. The speaker could not exactly make up his mind that either of his teachers was mistaken, and yet it was difficult to combine the ideas.

During the last few years he had had the opportunity to see quite a number of kidneys post-mortem, and was struck by two or three things: First, that very often post-mortem we find a slight degree of granular nephritis that caused no symptoms during life. He referred here to hospital cases, in which the urine is repeatedly and carefully examined. Very often, after peeling off the capsule in an ordinary-sized kidney, there is found a slight granular condition, and in some places the cortex adherent to the capsule.

As regards the classification of the disease by examination of the urine, he would declare it absolutely impossible to say by such means whether the case is one of the small red or large white kidney. He had seen cases of large white kidney, which ought to present a small amount of urine and large amount of albumen, present just the opposite results. The same may be said of cases of small red kidney. The speaker has

observed such cases in which a small amount of urine loaded with albumen was voided. Only a few months ago the speaker saw a patient in the clinic who voided large quantities of urine loaded with albumen. Here was a case, then, which, according to the quantity of albumen, was a chronic parenchymatous nephritis, and according to the amount of urine a granular kidney.

There is another form, not often diagnosed post-mortem, in which the kidney is apparently normal, and only by careful microscopic examination can any pathological condition be detected. The speaker had met with such cases several times. He referred to one in which he was asked to make a post-mortem on a patient who had died of Bright's disease. The kidney was normal in size and appearance. An incision disclosed nothing wrong, and the organs would have been passed as normal had the history of the case not directed attention to them. Microscopic examination disclosed very widespread and chronic disease of the tubules and interstitial substance.

Hence to the speaker Bright's disease and its pathology appear as overwhelmed by a fog. The old division seems wrong; what the proper division is we do not know as yet.

DR. CLEVELAND was much consoled after hearing the previous speaker. Years ago in the hospital he, with others, tried to study the subject, but found that generally there was some confusion between the diagnosis made and the disclosures of the post-mortem room. This, however, makes the subject an interesting and important one.

He would refer to a case of a man thirty-five years of age, apparently in perfect health, and yet to the speaker's knowledge albumen has been abundantly present in his urine for at least five years. The speaker had known him for ten to fifteen years. The condition was discovered by accident while the man was undergoing an examination for life insurance. It was inferred that his habits had something to do with the albuminuria. He was a maltster, and in his occupation he used much

malt liquor, and probably whisky. Yet he was a moderate drinker and in sound health until four years ago, when he was attacked with an acute gastric catarrh, as obstinate as any seen by the speaker. But there was no evidence that there was any relation between this and the kidney trouble. He was perfectly restored, and is now conducting a saloon and perfectly able to attend to his duties. He has no heart trouble, nor is there present the cachexia usually found in Bright's disease.

DR. TINGLEY touched upon the point of feeding. He asked the experience of others as to the effect of diet in albuminuria. He had had two cases of albuminuria, one being under observation at the present time.

The first was a case of chronic Bright's disease in a robust individual of generous habits, both as regards eating and drinking. The speaker saw him after he had been sick about six months. He had been sitting up in his chair about three months. He was assured that he could be made comfortable, and was given infusion of digitalis and hydrogogue cathartics. Failing in the attempt to limit the patient to milk diet, he was allowed to eat whatever he desired. Albumen disappeared to a large extent, and the anasarca vanished. Within thirty days he could lie down, sleep calmly, and suffered no pain. This was his condition on January 1. He died February 19, of acute bronchitis and lobar pneumonia. Repeated examinations of the urine showed no perceptible effect of diet upon the amount of albumen present.

The second case is that of a woman, thirty-seven years of age, who attends market, and is thereby exposed to all kinds of weather and heavy work. Two years ago last July she first observed blood in her urine, but no other untoward symptom. In a few weeks, however, there appeared puffiness of the hands and feet, and within a few weeks great anasarca set in. This disappeared under treatment. About a month ago the speaker was again called to see her, and a more distorted specimen of humanity he had never ob-

served. The limbs were swollen out of all proportion. Breathing was difficult, and she was not able to lie down. He gave her digitalis and drastic cathartics. The effect of these remedies was astonishing, for on the following morning there was a difference of four or five inches in her waist measurement. The improvement was rapid. In this case, also, the speaker tried milk diet, but found no difference in the quantity of albumen present in the urine under this and a mixed diet. He, therefore, doubted whether limiting to milk diet adds to the comfort or days of the patient, or has any beneficial effect as far as a cure is concerned.

DR. FRENCH, in conclusion, referred to the remarks of Dr. Kebler as to the recognition of granular kidney post-mortem, when no ante-mortem diagnosis was made. In such cases, although often described, it has not been settled that casts were not present, because they are never looked for unless albumen has been found present. The cirrhotic kidney produce intermittent albuminuria, but casts are always present. The large white kidney in which a large amount of urine is voided is not identical with chronic parenchymatous nephritis. In fact, the large white kidney always signifies an affection of the interstitial tissue in addition to the parenchymatous disease. It is a diffuse, not a parenchymatous, nephritis.

In regard to life insurance, he remarked that marvelous things are revealed in the examinations for life insurance. Dr. Munn, the medical referee of one of our largest companies, has reported albumen present in 11 per cent. of all applicants. With many examiners it is probable that every slight precipitate goes for albumen. The speaker had elsewhere seen the statement that the mortality among those admitted to insurance is greater than it is among the rejected, but he could not vouch for its truth. He had positive knowledge, however, that the urinalysis required by insurance companies is performed in many instances in the most casual, if not careless manner; and the microscope is never thought of. If the companies required a microscopic exam-

ination (by a competent examiner) in all cases, their information would be much more valuable than it now is.

The milk diet is serviceable, as it yields the least waste and therefore makes slight demands upon the kidneys. The amount of albumen taken as food has probably no influence upon the albuminuria of nephritis, for it has been shown that the albumen excreted by the kidneys as a result of the ingestion of excessive quantities of albumen is not identical with that which is found in disease of the kidneys.

Meeting of March 3, 1890.

The President, WM. JUDKINS M.D., in the Chair.

G. A. FACKLER, M.D., Secretary.

Address of the Retiring President,

WM. JUDKINS, M.D.

Members of the Academy:

Remarks of any length from me would be uncalled for this evening. It is with pleasure I surrender the gavel to one whom you intended should have wielded it two years since, now, we rejoice to say, restored to health and usefulness.

The year has been one of much profit. Our members have increased. Our library is on a firmer foundation than ever before, and is on the high road to prosperity; that it may continue to grow should be the effort of all.

From the report of the work of the year, kindly furnished by our faithful secretary, Dr. Fackler, you will see that the character of the papers is of a superior order, and, too, largely from the younger men of the society.

REPORT OF SECRETARY.

Mr. President:

The following is a résumé of the work performed at the meetings of the Academy of Medicine and a statement of the membership, for the year ending March 3, 1890:

SYNOPSIS OF PROCEEDINGS.

1889.

March 4.—Election of officers.

March 11.—Dr. W. D. Haines read a paper on "Puerperal Insanity."

March 18.—Dr. J. J. Kane read a paper on "Gunshot Wounds of the Lungs."

March 25.—Dr. David DeBeck presented a patient with gumma of the iris. Dr. Ravogli read a paper on "Pemphigus." Dr. Ransohoff reported two cases of dislocation of the elbow. Dr. Edwin Ricketts reported two operations: (1) removal of simple ovarian cyst; (2) removal of appendages for prolonged pain.

April 1.—Dr. J. M. French reported a case of "hæmaturia" and a case simulating "glosso-labio-laryngeal paralysis."

April 8.—Dr. H. L. Taylor reported a case of excision of the elbow. Dr. David DeBeck reported a case of atrophy of the optic nerve. Dr. G. W. Ryan reported a case of crossed infantile paralysis.

April 15.—Dr. Max Thorner read a paper including the report of a case of "Tinnitus Aurium Relieved by the Removal of Nasal Obstruction." Dr. Edwin Ricketts read a paper on "Operations on the Gall-bladder," and presented a number of specimens of gall-stones.

April 22.—Dr. B. M. Ricketts reported a case of external urethrotomy. Dr. A. G. Drury presented a specimen of vesical calculus. Dr. P. S. Conner introduced the subject of enlargement of the prostate.

April 29.—Dr. B. M. Ricketts presented a patient with universal psoriasis. Dr. J. T. Whittaker introduced the subject of erysipelas.

May 6.—Discussion on erysipelas.

May 13.—Dr. T. Carrol read a paper on "Application of Forceps to the After-coming Head."

May 20.—Dr. G. W. Ryan delivered a discourse on tubercular disease of bones and joints.

May 27.—Dr. R. W. Stewart exhibited the Weigert apparatus. Dr. W. S. Christopher reported a case of puerperal fever.

June 3.—Dr. F. Kebler read a paper on "Post-Typhoid Paralysis." Dr. Wm. Judkins reported several cases of cocaine injections followed by alarming symptoms.

June 10.—Dr. Ph. Zenner reported a case of and presented patient with professional paralysis. Dr. David DeBeck exhibited a case of glioma of the retina.

June 17.—Dr. R. B. Hall related the history and reported a case of pyosalpinx. Dr. R. W. Stewart read a paper on "Posture in Labor." Dr. J. E. Boylan read a paper on "Nasal Troubles as Etiological Factors in the Production of Middle-Ear Trouble."

June 24.—Dr. L. Freeman reported the post-mortem appearance of a rare heart anomaly. Dr. O. L. Cameron exhibited sections of epithelioma of the larynx containing encysted trichinæ. Dr. R. C. Longfellow read a paper on "Gastric Ulcer." Dr. L. Freeman reported the results of some bacteriological investigations upon the slime left upon the tubes of the Pasteur filter after use with ordinary hydrant water. Dr. Ricketts exhibited specimens of concretions found in a stomach post-mortem.

September 9.—Dr. J. T. Whittaker introduced the subject of modern hypnotics.

September 16.—Dr. B. M. Ricketts reported a case of hereditary syphilis. Dr. David DeBeck read a paper on "Orbital Abscesses."

September 23.—Dr. B. M. Ricketts pre-

presented a patient with pemphigus vulgaris. Dr. E. G. Zinke reported a case of rupture of the liver. Dr. Jos. Ransohoff reported a case of strangulated hernia.

September 30.—Dr. B. M. Ricketts presented a case of epithelioma of the lower eyelid and detailed plastic operation for its relief. Dr. DeBeck presented a patient with trachoma. Dr. A. M. Brown reported a laparotomy. Dr. B. K. Rachford read a paper on "Some Experimental Researches in Typhoid Fever."

October 7.—Dr. B. M. Ricketts presented a case of psoriasis. Dr. G. A. Fackler read a paper on "Calomel as a Diuretic."

October 14.—Dr. E. E. Sattler reported a case of nasal stenosis due to the use of the galvano-cautery.

October 21.—Dr. P. S. Conner reported a case of laparotomy performed for detection and closure of gunshot wounds of the intestines. Dr. E. W. Mitchell presented a patient with empyema. Dr. W. E. Kiely read a paper on "Pleuritic Effusions." Dr. Jos. Ransohoff reported a case of empyema, with exsection of rib.

October 28.—Dr. B. M. Ricketts related a case of rhinoplasty and presented patient. Dr. C. A. L. Reed reported a hysterectomy for carcinoma.

November 4.—Dr. Buxbaum read a dental paper. Dr. J. G. Hyndman reported two cases of paralysis of the vocal cords, the first due to aneurism of the arch of the aorta, the second probably to enlarged bronchial glands. Dr. G. W. Ryan reported a case of spina bifida. Dr. J. L. Cleveland reported two cases illustrating the effects of pilocarpine in Bright's disease.

November 11.—Dr. Jos. Ransohoff presented patient and related operation for the radical cure of hernia. Dr. Ph. Zenner read a paper on the "Examination of a Case of Insanity." Drs. W. S. Christopher and B. K. Rachford read papers on the "Dietetic Management of Summer Complaint."

November 18.—Discussion on the above papers.

November 25.—Dr. Edwin Ricketts presented the patient operated upon and reported a cholecystotomy. Dr. R. W. Stewart read a paper on "Tait's Operation upon the Perineum."

December 2.—Dr. B. F. Beebe presented specimen of hypertrophied heart. Dr. J. J. Kane read a paper on "Gunshot Wounds of the Hip-Joint."

December 9.—Dr. C. B. Schoolfield read a paper on "Suppurative Hepatitis," including the report of a case. Dr. J. E. Boylan reported a case of intubation.

December 16.—Dr. B. M. Ricketts read a paper on the "Use and Abuse of Soap and Water."

1890.

January 6.—Dr. Withrow introduced the subject of "la grippe."

January 13.—Dr. J. M. French read a paper on the "Dietetic Management of Typhoid Fever." Dr. J. A. Thacker read a paper on "La Grippe."

January 20.—Dr. Withrow reported a case of anencephaloid and presented specimen.

January 27.—Dr. C. A. L. Reed described a method of treatment in cases of chronic endometritis.

February 3.—Dr. Thad. A. Reamy reported a case of intra-uterine fibroid, a case of multi-follicular ovarian tumor, and presented specimen of intra-ligamentous cyst. Dr. B. M. Ricketts presented gall-stones removed by cholecystotomy. Dr. C. A. L. Reed presented specimen and related a case of extra-uterine pregnancy.

February 10.—Dr. Reamy presented specimen of uterine appendages. Dr. P. S. Conner delivered a discourse on skin and bone grafting.

February 17.—Dr. J. M. French reported several cases of albuminuria. Dr. F. Dowling read a paper on "Deafness."

February 24.—Dr. G. B. Orr reported seven cases of injuries to the skull, with three patients present.

MEMBERSHIP.

Number of members March 1, 1889,	155
Reinstated on payment of arrears,	1
New members enrolled,	12
Total,	168
Died,	1
Resigned,	1
Left city,	1
Dropped for non-payment of dues, 1—	4

Members remaining March 3, 1890, 164

G. A. FACKLER, Secretary.

Any analysis of this report would prove, I am afraid, tiresome. It speaks for itself. I heartily appreciate the courtesies extended me during my chairmanship of twenty-two months. That my successor may find as few thorns and as many roses as has been my good fortune during his term is my sincere prayer. It is a pleasant duty to introduce to you our President, Chauncy D. Palmer.

Address of the President-Elect,

C. D. PALMER, M.D.

Members of the Cincinnati Academy of Medicine, Ladies and Gentlemen:

It gives me no small amount of pleasure, I can assure you, that I am permitted to be with you to-night, especially in my former relation. Everyone must know that this honor comes to me entirely unsolicited. You all know that I have of late gone through more than an ordinary physical ordeal, but by judicious advice and care I have been enabled to resume my former duties and obligations. A cloud has

been raised over my head within the past two months, but friends on all sides, within and without the profession, have arisen in my behalf. It has been a source of no small amount of pleasure and gratification to have received words of encouragement and letters of commendation and support from members of the profession in this city, this State, and from prominent gynecologists of Philadelphia, Baltimore, New York City, and Boston.

Two years ago you elected me President of this Society. I presided over your meetings for nearly two months, when came that accident which nearly finished my career. Now it is customary for each incoming president to make some suggestions as to the seeming needs of this Academy, and to indicate the policy of the new administration. Our social duties ought not be neglected, and I am glad that this feature took a tangible expression in the manner it did the other evening.

The professional benefits of this medical society are not only subjective but objective. Subjectively it does one good to carefully and thoroughly work up any special point of any subject. Objectively all members of the society are benefited. The Academy then becomes a school for instruction—to teach and to learn. Each member becomes a teacher and a pupil. But our scientific professional work to be well utilized must have proper systematization. No small amount of labor and discretion must devolve upon the Committee of Programme of Exercises to provide for and arrange topics for elucidation and discussion. All can recall some most interesting and instructive debates which we have had within this hall. Every department of medicine and surgery ought, and can have, some special occasions for selected work. The present status of bacteriology, the etiological and bacteriological origin of many diseases, are fertile fields for elucidation. In medicine, there are many points connected with the subject of phthisis; in surgery, with that of the pathology of cancer and the special field for cerebral surgery; in obstetrics, there is the topic of ectopic gestation, its best manage-

ment in its different forms and durations, also the degree of pelvic deformity requiring the performance of podalic version or the use of the obstetric forceps, craniotomy or the Cæsarean operation; in gynecology, the limitation and the extent of the justifiability of vaginal hysterectomy, and the special utility of some of the kinds of the electrical current in the treatment of some of the female pelvic diseases, and the frequency and justifiability of ovarian extirpation—these are some of the subjects which might be entertained and elucidated. But in therapeutics there is a great deal of interest to us all. No one will pretend that the principles of Lister, who, by virtue of an indefatigable industry and perseverance, has revolutionized the practice of surgery by the accomplishment of wonderful results, are fully understood. Constantly new remedies are being brought to our notice. Many are represented at first to possess wonderfully curative powers. Many of us are prone at first to be deceived and deluded by these therapeutic statements. Some of the remedies very properly quite speedily fall into disuse. The sooner a correct status of the remedial influence of each is obtained the better it will be. We owe *our* part in doing what we can to fix the correct status of the medicinal power of each new remedy. For instance, there are numerous points yet to be determined and fixed concerning *antipyrin*, *phenacetin*, *sulphonal*, *resorcin*, *hydro-naphthol*, *creolin*, *ichthyol*, *caffein*, *glonoin* (nitro-glycerine), *coca*, *hydriotic acid*, etc. Some old remedies, as calomel, corrosive sublimate, magnesia sulphate, soda phosphate, potassium iodide, have been found to possess new uses. Electricity, very potent in the mechanical arts, is represented to possess almost equally great medicinal influences, not only in controlling certain functional nervous disorders, but in modifying favorably some morbid conditions with structural changes. The topical application of remedies in the treatment of certain diseases of the nose, throat, eye, ear, rectum, bladder, vagina and uterus, might be better understood. In these fields everyone,

whether physician, surgeon, obstetrician, gynecologist, oculist, aurist, laryngologist, or dermatologist, may assist in the solution of many of the unsolved problems.

I will, therefore, take the privilege during this administration, through the Committee of Programme, to have introduced certain subjects, by way of papers or reports of cases, and request different members to follow in the wake of discussion. A general commendation of one's case report or paper is very gratifying to its author, but a friendly criticism is most beneficial. Who does not learn more from his mistakes than from his successes? And where is the man or the woman in any avocation of life who has not, under certain circumstances, made mistakes? Broad, comprehensive, correct views of medical matters are best obtainable by a fair, just, honest criticism. The merchants of this city and all large cities have their chamber of commerce—a place where they can meet and confer on all business matters. This place and this society is our exchange for personal and professional instruction and training.

The Cincinnati Academy of Medicine is the oldest and strongest medical organization in Cincinnati. It is our chief object of medical interest. It is an organization for the medical training, for the social reunion of its members once each week, for the promotion of all medical interests, and for our protection. Its transactions are eagerly sought after for publication and perusal, being read by the profession of all sections tributary to Cincinnati over a territory of several states, with an earnestness and eagerness greater than is generally supposed. We number 164 members. Among us is an unusually large number of young men—active, growing young men—with the future of their own making before them.

This Academy of Medicine has become, and will continue to be, the theatre of action where the best medical talent and knowledge of our profession are brought into an earnest, honest effort in the search for scientific medical and surgical truths.

Allow me again to thank you for the honor you have seen fit to confer upon me. With this promise I will conclude: It will be my earnest aim during this administration to keep constantly in view the interests of this society.

May the year 1890-91 be memorable in our history for its usefulness.

STROPHANTHUS IN INFANTILE DISEASES.

According to the Paris correspondent of the *British Medical Journal*, M. Moncorvo has treated many infantile diseases with strophanthus, and comes to the following conclusions: As a diuretic and for combating cardiac disturbance strophanthus is invaluable in infantile therapeutics. Its action is prompt and energetic. It is perfectly innocuous. The tincture in mitral or aortic lesions with irregularity and deficient secretion of urine restores cardiac tone, regulates the rhythm, and strengthens the pulse. In infantile pneumonia or broncho-pulmonary affections, accompanied by cardiac weakness, strophanthus is a valuable heart tonic. M. Moncorvo has not observed any marked influence on the nervous system or temperature. The action of strophanthus persists long after the treatment has been discontinued. M. Moncorvo employed an alcoholic tincture, in doses varying from four to twenty-eight drops in twenty-four hours.

—*Medical News*.

INCOMPATIBILITY OF ANTIPYRIN AND CHLORAL.

Mr. Blainville, a pharmacist of Paris, was called upon to put up a prescription containing sixty grains of antipyrin and seventy-five grains of chloral in half an ounce of water. An oily precipitate was immediately thrown down which resembled neither chloral nor antipyrin in taste, but recalled somewhat that of coriander-seed. A mixture of antipyrin and quinine is also incompatible, both substances being at once precipitated from the solution.

—*Medical Record*.

Selected.

THE MODE OF ACTION OF DIURETICS.

The conditions of the renal circulation are such, that were the mechanism pointed out to one who did not know the function of the kidneys, he might almost deduce the office of these organs. That the secretion of the watery part of the urine is mainly affected under high pressure in the Malpighian tufts, has been proved by numberless experiments since Bowman's time, and that the solids (urea, uric acid, etc.), are separated by the epithelia of the convoluted tubes, may also be said to be a dictum of science. It is admitted that there is still much that is obscure in the renal function; thus, no very satisfactory explanation has yet been given, why albumen does not in the normal state filter through the capillaries in the glomeruli along with the watery part of the urine. Küss and Wittisch indeed affirm that albumen does so filter, and that the epithelium of the convoluted tubes reabsorbs this albumen. It is needless to say, however, that the experimental demonstration of this view is wanting; it appears, in fact, to be negated by experiments of Ribbert, who has in rabbits collected the urine as it is excreted by the Malpighian corpuscles, and found it to be watery and free from coagulable albumen.

As for the character of the products which filter through the renal parenchyma, much importance has been assigned to the "intelligent" action of the epithelia lining the glomeruli and Henle's loops; the main ingredients of the urine are believed to be selected by these cells, which, in the language of Vulpian, "separate from the blood the water and the divers soluble substances which enter into the composition of that fluid."

But there is another factor which has a powerful influence on the secretion of the urine, namely the blood-pressure in the renal capillaries. The experiments of Ludwig and his pupils have shown that the amount of urine

secreted depends very closely upon the pressure of blood in the Malpighian bodies.⁽¹⁾ This pressure will depend on the proportion of liquid in circulation, on the force of the heart, and on the contractility of the vascular system. From very accurate experiments made by Runeberg, and confirmed by Lecorché and Talamon, it appears that in a given time, more liquid filters into the glomerules and uriniferous tubules under high pressure than under low pressure.⁽²⁾

This is what might have been expected from known physical principles, for the kidney is not only a secretive but also a dialyzing organ.

From what has been said, it will be seen that the most general division that we can make of diuretics is the two-fold division into (1) substances which, when taken into the circulation, raise the blood-pressure in the kidneys; and (2) substances which stimulate the cortical epithelium to increase of function. This is essentially the classification given by Gubler and Professor Sée. The first division, that is, those substances that increase vascular tension, includes what Gabler calls *tension-diuretics*; the second division consists of substances which, in passing through the kidney, excite directly its tissue,—these he calls *excitant diuretics*. The latter is the same as Sée's second group, that is, medicines which promote diuresis by favoring dialysis.⁽³⁾ Lauder Brunton's classification is essentially the same.

Of all the agents by which the urinary flow is augmented, one of the best is undoubtedly water, the free ingestion of which both raises the blood-pressure in the kidneys and excites the epithelium to increased work. For it has been demonstrated that the epithelium of the convoluted tubes separates water as well as urea and saline principles from the blood. Gubler regards water as the best excitant diuretic; it

1. Lauder Brunton.

2. Traité de l'Albuminurie et du Mal de Bright.

3. Gubler: Leçons de Thérapeutique, "Médicaments Diurétiques."—G. Sée: Bull. de Thér., t. xciv., "An attempt at a Physiological Classification of Medicaments."

certainly belongs to the first group as well, for it flushes the kidney and raises the vascular tension. Certain mineral waters add to the natural diuretic effect of their water, the specific effect on the renal cells of their saline principles. Most of the diuretic plants act best when given in infusion or decoction; though many of them contain resins, essential oils, tannin, and salts, which, in the language of one school, stimulate the secreting cells, in the language of another school, promote dialysis by modifying the dialyzing membrane; it is still probable that these vegetable preparations when given in the form of ptisans produce diuresis principally through their water.

Among the tension-promoters we have those that act generally, such as digitalis, caffeine, convallaria, which cause diuresis by their effect on the cardiac fibre; and such as act locally, that is, on the vessels of the kidney itself. Among the latter are certain medicaments which are believed to dilate the different vessels of the kidneys. It is well-known that a certain amount of active vaso-dilation in the renal cortex is essential to a free renal secretion, while any considerable vaso-constriction in the different vessels is attended with lessened urination, if not with positive anuria. Among the substances which dilate the afferent vessels, we have the nitrates, alcohol, and perhaps urea (Lauder Brunton).

Pressure in the glomerulus is also raised by vaso-constriction of the efferent vessels, the production of which, Lauder Brunton thinks, is one of the effects of the administration of broom, turpentine, juniper, copaiba, and cantharides. These latter, however, are classed by Gubler among the excitant diuretics; their real mode of action is still largely a matter of conjecture. Among the medicaments which doubtless cause diuresis by direct action on the secreting cells of the kidney, are calomel, acetate of potassium, liquor potassæ, and nitre, which latter is regarded by Gubler as the best and most certain of mineral diuretics.

It remains to notice (and this we do with little comment, there is still so

much that is obscure in the action of medicines on the kidneys) the classification of diuretics given by Dujardin-Beaumetz in the last (sixth) edition of his "Leçons de Clinique Thérapeutique."

(1) Medicaments which modify the blood-pressure, either by energizing the cardiac systole, or by acting on the muscular element of the circulatory system, for example, the so-called heart tonics, and strychnine, ergot, etc.

(2) Substances which produce diuresis by both augmenting the pressure and modifying the liquids. Of this class, the typical example is water.

(3) Medicaments which act as diuretics by promoting dialysis, for example: nitrate of potassium, nitrate of sodium, acetate of potassium. These medicaments have a real disadvantage, in that they irritate both the digestive tube and the renal parenchyma.

(4) Medicaments which have the property of modifying the dialyzing membrane. They actively congest the kidney. The resins and balsams form this class. They increase the secretion of urine, but the urine is profoundly modified; hence they render greater service in diseases of the urinary passages by lessening the effects of putridity of the urine than by any real diuretic action.

The above classification is another attempt to refer the mechanism of the urinary secretion to strictly physical principles, and makes no account of the functions of the epithelium, without which that secretion would be reduced to the level of an exudation—it would not be urine.

—*Boston Med. and Surg. Journal.*

TREATMENT OF ASTHMA.

Of the thousand and one things which have been tried for this disease, nothing in my experience is equal to nitrite of sodium. I am not fond of mixing drugs, and I therefore generally give it alone. In some cases, however, with the object of promoting sleep, I combine it with hyoscyamus, and in others, again, I have found the tincture of lobelia of some additional benefit.

When the nitrate of sodium first came into use I gave some large doses (ten to fifteen grains) in a case of uncomplicated asthma, which had occurred in repeated attacks for some years. The first dose made the patient so sick and faint that I could hardly induce her to repeat it; but although the second dose had a similar effect, the patient was freed from her asthmatic attacks completely, and had not had a recurrence when I last saw her, two or three years afterwards. Since then I have given it in from three to five-grain doses, frequently repeated, and always with the greatest benefit. With regard to hyoscyamus in this affection, as well as in other diseases, I find that the ordinary doses are of little benefit. Two drachms of the tincture or of the succus for a single dose should be prescribed, and not less than one drachm when frequently repeated. Besides having an influence over many spasmodic affections, it has a most tranquilising influence on the mind. Given alone in asthma it will not relieve the spasm, but in combination with the nitrite of sodium, the improved condition of the patient is sometimes simply marvellous.—PEARSE, *The Lancet*.

PATHOLOGICAL ANATOMY OF LANDRY'S PARALYSIS.

Nauwerck and Barth report (*Deutsche Med. Zeitung*) the following interesting case: "A girl, twenty years old, who has suffered for some time from pains in both legs, noticed that her legs began to be paralyzed. This paralysis later attacked her body and arms. The paralyzed muscles did not atrophy, and never lost their normal electrical irritability. The reflexes in the lower part of the body were abolished. The sphincters, however, were unaffected. Just before death, a slight improvement in the paralyzed muscles was noticed, and the sudden death, due to bulbar paralysis, was quite unexpected. A microscopical examination of the brain spinal and cord was negative; the nerves of the cauda, however, showed evidences of a severe interstitial neuritis; and the sciatics as well as the anter-

ior and posterior roots of the spinal nerves, were similarly affected; the bulbar nerves and the nerves of the upper extremity were normal. Nauwerck and Barth conclude from this case that the peripheral nerves are the ones affected. Also, from the enlarged spleen, found that it is an infectious disease.

—*Times and Register*.

THE SALICYLATES IN RHEUMATISM.

A very interesting discussion took place at the Royal Medical and Chirurgical Society lately on the value of the salicylates in rheumatism, starting with a paper by Prof. Charteris on some investigations which he had made into the purity and therapeutical properties of the artificial and the natural salicyl bodies. Highly unpleasant and even disquieting symptoms have been attributed to the artificial salicylate of soda, and as they are not invariably present, their supervention has, not unnaturally, been attributed to the presence of impurities. In support of this view it has been asserted that salicin obtained from the oil of wintergreen or meadow sweet does not give rise to any such untoward sequelæ. There is a conflict of opinion as to the frequency and cause of these particular symptoms, and as to the immunity attending the use of the natural product. Nevertheless it may be taken as proved that the artificial product is very apt to contain other bodies of the same series, and as there are no less than ten of these, a large field for experimental inquiry is opened up. To begin with, the carbolic acid which serves as a basis for the synthetic chemist, is never pure, and this is only the first of a series of divergences the ultimate effect of which is to give us a composite body, of unknown constitution, in lieu of pure and unadulterated salicylate of soda. At first sight, then, the use of natural salicin would seem to be indicated, but the practical question of its much higher price can not be lost of. Its virtues must be very great and constant to induce medical men, and especially medical charities, to abandon a cheap product in favor of

one which is relatively very expensive. Moreover, as was pointed out, the ordinary commercial product has been used on a very large scale for years without giving rise to any serious reason for dissatisfaction, and if it were abandoned, then hundreds of patients would be deprived of the comfort afforded by the use of the salicylates. The question is an interesting one, but we cannot admit that a case has been made out which would justify our looking askance at the product which the skill of the chemist has placed at our disposal. At the same time, as we are now in possession of the means of separating the salt we want from those with which we are anxious to dispense, it is incumbent on manufacturers to obviate any ground for complaint by greater attention to the details of manufacture and subsequent purification.—*Med. Press and Circular.*

EPITHELIOMA ON A LUPOUS BASE.

Mr. Blaschko showed a patient at a late meeting of the Berliner Medical Society, æt 36, whose left cheek and side of face had been gradually covered by a spreading lupus that had existed since his fourteenth year. It also extended over the ear, neck, and down to the sternum. Even as far back as a year ago the disease was so extensive that surgical treatment was out of the question, so he applied a ten per cent. solution of pyrogallic acid, by means of which he had obtained beautiful smooth cicatrices in which only small remnants of lupus nodules remained. From the first few years suppuration had gone on at intervals, in the left cheek, for months together, then healing had taken place, and suppuration had again broken out during the winter. On this spot was a flat surface, whilst the other parts were a brownish-red, a good deal swollen and nodular. After interruption of treatment for some months, on the patient's return the place had broken out afresh, and ulcerated, and healed again all but a small spot. Towards the end of the year the ulceration on the cheek had increased then more rapidly, and later on it assumed a new character. A

large tumor developed with thickened edges that gave rise to a suspicion of malignancy. Microscopic examination of an excised piece confirmed the suspicion. The swelling was directly movable over the cheek, and the glands were not affected. In other respects the patient was perfectly well. The growth was an epithelioma, but differed from ordinary epithelioma, in that the processes that dip down from the epidermis into the cutis are not large and thick, but are extraordinarily fine and delicate; they divide dendritically, and form a delicate network. The speaker remarked that when fifteen years ago the society had a debate on the subject of lupus carcinoma, the view was general that the affection was very rare. Bardeleben had stated that out of 1,000 cases of lupus he had never seen it pass into carcinoma, whilst Langenbeck had only observed three such cases. Since that time much attention has been bestowed on the subject by dermatologists, and since the year 1836, fifty-eight cases had been described. They were all of them comparatively benign, without cachexia, or glandular enlargement, and their course ran without metastases. The prognosis was therefore, not unfavorable.—*Med. Press and Circular.*

A BLOW AT VEGETARIANISM.

Persons who take extreme views of subjects certainly have their uses. They present their side of the question with a firmness of belief, often with a concise vigor, which compel attention to their ideas. This is good; and, like rocks in the bed of a stream, they serve to divert the current of thought, and prevent its running with too much uniformity. But they are rarely, if ever, right. Nature draws no hard lines of dissection, but separates her kingdoms, provinces and minor districts by imperceptible gradations, instead of by Chinese walls. So that the proposition of an inflexible rule is sure to be followed by the uprising of objections, which are as likely as not to overturn the rule. These considerations, as well as the absence of any conclusive proof of their theories, would lead us to doubt

the energetic asseverations of those who advocate an exclusive diet of any sort. That any of them should prove open to conviction is, however, so rare an occurrence that it deserves to be recorded, if only to show the correctness of the views just stated.

Dr. Alanus, a leading German vegetarian, made the disquieting discovery that his arteries were becoming atheromatous, although he was under forty and did not use alcohol. He could not have been very well posted in vegetarian literature, or he would have known that similar observations had been previously made, and that the frequency of atheroma among the Hindoos was attributed to their vegetable diet. Dr. Alanus has, consequently, become omnivorous in his habits, and, while still valuing the vegetarian regimen as a curative measure in certain morbid conditions, he no longer looks upon vegetables as the only proper food for man. "*Medio tutissimus ibis.*"

—*Med. Times and Register.*

MOUTH BREATHING.

The number of persons who habitually breathe through the mouth is very large, and they seem to live on in blissful ignorance of the damage they are inflicting on the structures thus desiccated and inflamed by the passage of a current of air along a canal which Nature, in her infinite wisdom, only intended to serve for the downward path of food, and possibly, in exceptional circumstances, of drink. Indeed, that mouth breathing is an evil practice is only partially recognized, though the slightest reflection would suffice to show that damage must accrue to the lungs from the admission of a draught of unwarmed, unmoistened air to the mouth and throat, from the contact of this in-current of air with the mucous surfaces. The immediate effect of mouth breathing is a dry and parched condition of the pharynx and tongue, producing cough and laryngeal irritation. We have just glanced over the list of affections which laryngologists of eminence assure us are, more or less, associated with this pernicious habit of breathing

through the mouth, and the list is long enough to make all but the most reckless pause and consider whether some means cannot be devised in order to induce the organism to forego this baleful habit in favor of the more physiological plan. Unfortunately, it often happens that, while the spirit is willing the flesh is weak, and the presence of some defect in the construction of that very useful appendage the nose, will effectually hold in check, and render nugatory the most praiseworthy intentions. Thus resolution is sickled o'er with the pale cast of thought, but it is here that the delicate attentions of the scientific laryngologist may be usefully requisitioned. He knows full well how to rectify the disproportions which Nature has left or has allowed to be brought about, and by restoring the normal diameter of the nasal passages he enables the unhappy sufferer to relinquish snoring and other vicious habits conducted to by mouth breathing, without any more distressing symptom than a little anæmia of the pocket.—*Med. Press and Circular.*

AN APPOINTMENT.

THE Ophthalmic Review, London, has recently taken a new departure by appointing Dr. Edward Jackson, of Philadelphia, on its editorial staff. We congratulate the *Review* and Dr. Jackson both on this arrangement. Heretofore American ophthalmic literature has not received very much notice from this valuable journal; but now, with an American editor, we can be sure that our interests will be well cared for.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

All letters and communications should be addressed to, and all checks, drafts and money orders made payable to

DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, March 22 1890.

The Week.

MEDICINAL SPRING WATERS.

Dotted here and there over apparently the entire earth's surface are found springs that are more or less valuable as medicinal agents on account of organic minerals that are found held in solution in their waters. In some the history is of a remarkable stability of the analyzed water at different periods for many years, while in others the analyses show at different times a great amount of variation in the constituents of the water. This may very plausibly be attributed to the current of water passing over a soft or hard stratum in the geological crust of the earth, as from a change in the course of the stream.

Many of the springs of Europe have attained a world-wide reputation, and their bottled waters are to be found on sale in every drugstore, hotel, and Pullman dining car. This is true of the Apollinaris, Friedrichshall, and Hunyadi, and the celebrated Saratoga, Bethesda, and the lithia springs of this country. Of the latter the Buffalo

Lithia of Virginia and the Londonderry of New Hampshire have attained a very widespread and enviable reputation. They are all excellent as depuratives, and worthy of the excellent reputations attained.

Recently our attention has been directed to an Ohio bromo-lithia spring that seems to be in all respects one of the most valuable for its medicinal properties. The paper in this week's LANCET-CLINIC by Dr. J. C. Winters reads like a very fulsome adulation of its properties. Our knowledge of the doctor is that he is usually very conservative in the expression of his impressions. Not only from him but from others we have reports that lead us to conclude that the Ohio Bromo-Lithia Spring at Ripley is destined to become widely known for its virtues as a medicinal agent.

This is an immense country, vast in extent of territory and marvelously well supplied with streams of living water, and we may expect from time to time that discoveries of springs holding in solution a percentage of every known mineral will be made.

DRS. E. E. SATTLER and Max Thorner have been added to the Cincinnati Hospital staff and assigned to the Department of Laryngology. These gentlemen will not fail to give satisfaction.

CINCINNATI HEALTH OFFICER.—A revolution of the political wheel turns out Dr. Byron Stanton, who has efficiently filled the office during the past four years, and inducts Dr. J. W. Prendergast, who we have reason to believe is a worthy successor.

The office is one of very great importance, and should have the entire time of the physician filling it, and for which he should receive the same com-

pensation as that given the highest grade of skilled city officials, such as the city engineer and the superintendent of the water-works.

DR. C. L. ARMSTRONG has resigned as Trustee of the Cincinnati Hospital, and Dr. John Withrow is appointed to fill the vacancy.

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, March 24, DR. DAVID DEBECK will read a paper on "Skin-Grating in Lupus of the Eyelids."

CINCINNATI MEDICAL SOCIETY.—

March 25, DR. B. M. RICKETTS will read a paper entitled "Fifteen Cases of Gonorrhœa Cured without Treatment." Discussion by Drs. Leonard Freeman and J. C. Oliver with presentation of microscopical specimens. DR. F. W. LANGDON will report a case of "Tenotomy for increasing Mobility of Musicians' Ring Finger."

April 1, DR. JOSEPH EICHBERG will read a paper entitled "Acute Polio-myelitis," with sections of the cord.

SOUTHWESTERN OHIO MEDICAL SOCIETY.—The second semi-annual meeting will be held at Springfield, Ohio, on Thursday and Friday, April 17 and 18. Programme will be sent out about April 10. A large attendance is desired. Titles of papers should be sent as soon as possible to either

READ L. BELL, M.D., *President*,
Springfield, Ohio,

or DAVID DEBECK, *Secretary*,
Brittany Building, Ninth and Race Sts.,
Cincinnati.

WE have a few copies of Dr. W. E. Ryan's "Aphorisms in Diseases of the Rectum," \$1.00. This is an excellent work, and worthy a place in any library.

MIAMI MEDICAL COLLEGE EXAMINATION.

QUESTIONS OF THE EXAMINATION OF
1890.

Obstetrics.

(Prof. W. H. TAYLOR.)

1. What are the symptoms and treatment of abortion at the third month?
2. What is the usual mechanism of R. O. P. cases?
3. What is the usual rotation of the head in breech cases?
4. How does the forehead usually turn in face cases?
5. What are the symptoms of mal-position at the time of labor?
6. What are the premonitory symptoms of puerperal convulsions?
7. What are the indications for podalic version?
8. What are the symptoms and treatment of placenta prævia?
9. What are the symptoms of rupture of the uterus?
10. What are the general symptoms and treatment of puerperal septicæmia?

Theory and Practice.

(Prof. J. C. MACKENZIE.)

1. Distinction between infectious and non-infectious diseases.
2. Pathological anatomy of typhoid fever.
3. Symptoms of intermittent fever.
4. Differential diagnosis between a paralysis due to cerebral and that due to spinal causes.
5. Symptoms of progressive muscular atrophy.
6. Symptoms and treatment of chorea.
7. Causes and pathology of hypertrophy of the heart.
8. Symptoms and treatment of laryngismus stridulus.
9. Symptoms of acute pleurisy.
10. Differential diagnosis and treatment of ulcer of the stomach.

Diseases of Women and Children.

(Prof. BYRON STANTON.)

1. Give the anatomy of the different parts of the mucous membrane of the uterus.

2. Name and define the irregularities of menstruation.

3. Diagnosis of neuralgic from obstructive dysmenorrhœa.

4. Give the causes, usual time of occurrence and varieties of pelvic hæmatocele.

5. Diagnosis of ovarian cyst from ascites.

6. Pathology and treatment of entero-colitis.

7. Give the treatment of whooping-cough and name most frequent complications.

8. Diagnosis of variola from vari-cella.

Materia Medica and Therapeutics.

(Prof. DAN MILLIKIN.)

1. Give some account of three drugs that induce sleep. Name doses and give physical and chemical characters of the drugs.

2. Describe acute bromism.

3. How is unstriated muscular fibre affected by ergot; by digitalis; by atropine?

4. How may fever be reduced without drugs?

5. (a) Name three synthetic antipyretic drugs; (b) name the dangerous or disagreeable effects of these substances; (c) what is the dose of each drug?

6. What are the indications and contra-indications for purgatives?

7. What is an alkaloid? Name the alkaloids in the following list: morphine, ergotine, strychnine, digitaline, antipyrine, iodine, atropine, codeine.

8. What have you to say of the following prescription for the relief of "after-pains?"

R. Tincturæ gelsemii, . . . 3ij.
Tincturæ aconiti, . . . 3ij.
Morphinæ sulphatis, . . . grs. iv.
Syrupi limonis, . . . 3ss.
Aqua puræ, q.s. ad, . . . 3ij.

M. Signa: Teaspoonful every two hours.

9. Name three drugs which, applied to the skin, are sedative to sensory nerves. Give explicit directions for the use of these drugs to relieve pain.

10. Alcohol, digitalis, veratrum, and aconite: how do they affect arterial tension? how do they affect the pulse?

11. Tinctura opii, tinctura opii cam-

phorata, tinctura aconiti, tinctura cimicifugæ: what is the dose of each?

12. By mistake a man swallows one grain of strychnine sulphate. How will he be affected? What shall we do for him?

Surgery.

(Prof. N. P. DANDRIDGE.)

1. Describe the various forms of colotomy.

2. Describe Kocher's method for the reduction of dislocation of the shoulder and the theory on which it is based.

3. Pathology, symptoms and treatment of painful fissure of the anus.

4. Fracture at the lower end of the radius: pathology, symptoms and treatment.

5. Rule for finding the motor centres for the arm and leg.

6. Give the definition of nephrotomy, nephrectomy, nephro-lithotomy, and nephrorrhaphy.

7. Stricture of deep urethra: etiology, symptoms, diagnosis and treatment.

Physiology.

(Prof. JOSEPH EICHBERG.)

1. What are the fats? Classify. Give sources, uses and modes of elimination.

2. What are ferments? Name three. Give use of each.

3. Describe the minute anatomy of the stomach.

4. Give the causes and mechanism of vomiting.

5. What causes determine the venous circulation?

6. What is meant by nutrition? How effected?

7. What is the object of respiration? What is vital capacity? How divided?

8. What is the office of the skin?

9. What is a nerve? How are nerves classified?

10. A man cannot move his right leg. Where may the lesion be that will account for this loss of power?

Anatomy.

(Prof. F. W. LANGDON and C. E. CALDWELL.)

(Give the names of two muscles

which flex the elbow joint alone and two which flex the elbow and wrist only.

2. Describe the general arterial supply of the brain.

3. Give the chief nervous supply of the elbow joint and state a rule governing the distribution of nerves which supply joints.

4. Describe the osseous formation of the ankle joint.

5. Give the boundaries of the cuneate lobe of the brain.

6. Name three varieties of connective tissue and example of each.

7. What vessels and nerves are divided in amputation of the thigh at the apex of Scarpa's triangle?

8. Where may hemorrhage from the deep palmar arch be arrested by compressing one artery?

9. Trace the course of venous blood from the rectum to the heart.

10. What sensory symptoms result from division of the ulnar nerve above the wrist?

Pathology.

(Prof. E. W. WALKER.)

1. Diagnosis of penetrating wound of the chest.

2. Describe the inflammatory process in non-vascular connective tissue.

3. Give varieties of angioma.

4. Describe a gumma.

5. What is meant by a proliferous cyst?

6. Methods of controlling a parenchymatous cyst?

7. Differential diagnosis of fracture of the rim of the acetabulum.

8. Clinical history of a case of phlegmonous erysipelas.

9. Morbid anatomy of septicæmia.

10. Describe the atheromatous process.

Chemistry and Toxicology.

(Prof. CARL LANGENBECK.)

1. How would you recognize a solution of corrosive sublimate? What antidote would you give if some had been swallowed?

2. How would you detect copper in a pickle?

3. What gases and vapors would be

thrown into the atmosphere by the burning of a material gas containing methane, ethane, ethylene, nitrogen and sulphuretted hydrogen?

4. Which contains more bromine, bromide of ammonium or bromide of potassium?

5. What would be the appearance of each of the following mixtures:

R Mercuric chloride, . . .	4 grs.
Potassic iodide, . . .	5 grs.
Water, . . .	4 fl. oz.

R Mercuric chloride, . . .	4 grs.
Potassic iodide, . . .	60 grs.
Water, . . .	4 fl. oz.

6. What compound is formed by the burning of cream of tartar? By the burning of a calcium oxalate calculus?

7. Name a common acid of the fatty series and one of the aromatic series. What group or rest is always found in organic acids?

8. What is the chemical antidote of white arsenic, and what is the chemical name of the compound formed by it?

9. How do chlorine and sulphur dioxide act as bleaching and disinfectant agents?

10. What is meant by saponification and what compounds are formed by the operation?

Ophthalmology.

(Prof. ROBERT SATTLER.)

1. Give a brief description of the anatomy of the eyelids.

2. Name and describe the various extrinsic and intrinsic muscles of the globe. Mention their function and nerve-supply.

3. Differential diagnosis between acute catarrhal conjunctivitis and acute phlyctenular conjunctivitis.

4. Diagnosis and danger of acute purulent conjunctivitis.

5. Give a description of the pathological changes in ulceration of the cornea. Describe the attendant subjective and objective symptoms.

6. Give a full account of the pathological features of acute plastic iritis: mention and explain its dangers and complications and give treatment.

7. Describe cataract: mention the principal varieties, and give etiology and operative treatment.

8. Describe the operation of paracentesis, corneal, and give its indications.

9. How would you diagnose and treat a case of acute inflammatory glaucoma? Mention, also, differential diagnosis.

10. Give a brief description of myopia and hypermetropia, and mention the treatment you would advise or adopt.

AN INTERNATIONAL MEDICAL AND SCIENTIFIC EXHIBITION.

In connection with the Tenth International Medical Congress to be held in Berlin between the 4th and 10th of August, there is to be an International Medical and Scientific Exhibition. The exhibits will be of an exclusively scientific nature, as follows:

New or improved scientific instruments and apparatuses for biological and strictly medical purposes, inclusive of apparatuses for photography and spectral analysis as far as applicable to medicine.

New objects and preparations in pharmacological chemistry and pharmacy.

New foods.

New or improved instruments subservient to any of the departments of medicine, including electrotherapy.

New plans and models for hospitals, convalescent homes, and disinfecting and bathing institutions and apparatuses.

New arrangements for nursing, including transportation, baths, etc.

New apparatuses in hygiene.

Applications or inquiries inscribed "Ausstellungs-Angelegenheit," and accompanied with a printed card containing the name and address of the firm thus applying, ought to be directed to the Secretary-General, Dr. O. Lassar, Carlstrasse, No. 19, Berlin, Germany.

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E. VON BERGMANN, }
E. LEYDEN. } V.-Presidents.
W. WALDEYER, }
O. LASSAR, Secretary-General.

REDUCED rates are *only* for those who pay *in advance*.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending March 15, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	6	..	..	..	1	..	2	1	..	..	..	..
2.....	..	..	..	..	..	..	2	1	..	..	..	..
3.....	..	..	..	..	..	..	1	..	..	..	..	..
4.....	5	..	..	..	..	..	..	..	..	..	..	..
5.....	3	..	..	..	1	..	1	..	1	..	..	..
6.....	..	..	..	..	..	..	..	..	..	..	..	..
7.....	..	..	..	..	..	..	2	..	..	..	..	..
8.....	1	..	..	..	..	..	..	..	..	..	..	..
9.....	..	..	..	..	..	..	..	..	..	..	..	..
10.....	1	..	1	..	2	..	..	..	1	..	..	..
11.....	..	..	1	1	..	..	..	..	..	..	..	..
12.....	3	..	..	..	1	..	1	..	..	..	..	..
13.....	..	..	..	..	..	..	3	1	..	..	1	..
14.....	..	..	..	..	..	..	..	..	..	..	..	..
15.....	..	..	..	..	..	..	3	..	..	..	..	..
16.....	..	..	..	..	2	..	..	..	..	..	..	..
17.....	..	..	..	..	..	..	1	..	..	..	..	..
18.....	1	..	..	..	..	..	1	..	..	..	..	..
19.....	..	..	..	..	..	..	1	..	..	..	1	..
20.....	1	..	..	..	..	..	..	..	..	..	..	..
21.....	..	..	..	..	..	..	1	1	..	..	..	..
22.....	..	..	..	..	..	..	2	1	1	..	..	..
23.....	..	..	..	..	..	..	..	..	..	..	..	..
24.....	..	..	..	..	..	..	..	..	..	..	..	..
25.....	..	..	..	..	1	..	..	1	..	..	..	..
26.....	..	..	..	..	..	..	..	2	..	..	..	..
27.....	..	..	..	..	3	1	4	1	..	..	..	..
28.....	..	..	..	..	..	..	..	..	..	..	..	..
29.....	..	..	..	..	..	..	5	..	..	..	..	..
30.....	..	..	..	..	..	..	..	..	..	..	..	..
Hospitals..	..	..	..	..	..	..	..	..	3	..	..	..
Ger. Prot. Hosp. . .	..	..	..	..	..	..	..	..	..	..	..	..
Totals . . .	21	..	2	1	9	3	29	8	6	2	..	..
Last week.	20	..	5	..	9	1	31	9	3	1	2	..

The following is the mortality report for the week ending March 15, 1890.

Cholera Infantum.....	1
Cerebro-Spinal Meningitis.....	2
Diarrhoea.....	1
Diphtheria.....	8
Scarlatina.....	1
Typhoid Fever.....	6
Whooping-Cough.....	3
Other Zymotic Diseases.....	11—33
Cancer.....	2
Phthisis Pulmonalis.....	16
Other Constitutional Diseases.....	5 23

Apoplexy	1
Bright's Disease.....	1
Bronchitis.....	9
Convulsions.....	8
Heart Disease.....	10
Peritonitis.....	3
Pneumonia.....	17
Other Local Diseases.....	29—78
Premature Birth.....	1
Puerperal Septicæmia.....	1
Puerperal Peritonitis.....	1
Other Developmental Diseases.....	14—17
Accidental.....	4
Suicidal.....	2—6
Deaths from all Causes.....	157
Annual Death-rate per 1,000.....	25.12
Deaths for corresponding week in 1889....	141
Deaths for corresponding week in 1888....	105
BYRON STANTON, M.D., Health Officer.	

HEALTH BULLETIN.

Infectious diseases reported to health officers in 57 cities and towns during the week ending March 14, 1890:

Diphtheria: Cleveland, 10 cases, 3 deaths; Columbus, 5 cases; Toledo, 7 cases, 4 deaths; Dayton, 4 cases; Springfield, 7 cases, 2 deaths; Zanesville, 5 cases, 2 deaths; Findlay, 2 cases; 1 case, no death each in Beverly, Crestline, Chillicothe, Mansfield, and Bloomville.

Scarlet Fever: Springfield, 8 cases; Cleveland, 26 cases, 1 death; Columbus, 6 cases; Canton, New Washington, Uhrichsville, and Glenville, 5 cases each; New Straitsville and Youngstown, 3 cases each; Urbana, Cambridge, Lockland, Ada, and West Cleveland, 2 cases each; Dayton, Toledo, Chillicothe, Findlay, Chester Hill, Kens, Ravenna, Fostoria, and Mt. Vernon, 1 case each.

Whooping-Cough: Cleveland, 2 cases, 1 death; Feilcity, 8 cases, 3 deaths; Pioneer, 4 cases; Ada, 4 cases; epidemic in Logan; Lynchburg, 10 cases.

Typhoid Fever: Cleveland, 6 cases, 1 death; Toledo, 2 deaths; West Unity, 1 death; 1 case each in Flushing, Lorain, Fostoria, and Ada.

Measles: Cleveland, 70 cases, 6 deaths; Lorain, 10 cases; Painesville, 30 cases; Warren, 4 cases; Ada, 17 cases; Glenville, 3 cases; Canton, 6 cases; Fostoria, 3 cases; Cambridge, 2 cases; Lynchburg, 21 cases.

No infectious diseases reported from the following places: Nashport, West Liberty, Norwalk, Middletown, Arcanum, New Lexington, Ashley, Carthage, Defiance, Edison, Rawson, St. Paris, Madeirr, Wabash Tp. (Darke Co.), New Richmond.

C. O. PROBST, M.D., Secretary.

In a case of Acute Neuralgic Headache I used Peacock's Bromides with complete success, and find it to be the best nerve sedative prepared.

F. F. HENWOOD, M.D.
Thompson, Pa.

Translations.

MOLIERE AND GUI PATIN.

EXTRACTS FROM A MEDICO-LITERARY
STUDY OF DOCTOR NIVELETS.

TRANSLATED BY
THOMAS C. MINOR, M.D.
CINCINNATI.

[Concluded from last issue.]

CHAPTER IV.

Origin and probable causes of the anti-medical satires of Moliere.

The satires of Moliere against physicians and drugs have been most closely studied by persons who knew nothing in regard to medicine.

An admirer of Moliere's genius, though he inveighed against my profession, I have often asked myself if his attacks on doctors, repeated in at least four of his plays, were not the outcome of certain excitations.

I am not familiar with matters theatrical, but dare affirm that all writers on the subject have not been. A notorious fact in the history of Moliere's life was his intimate and friendly personal relations with Mauvillain, his physician. It is equally notorious that Moliere took a great interest in the *Orvietan*, and this very remedy was the cause of Mauvillain's controversy with the regular medical Faculty; Mauvillain was also guilty of personal violence against the Dean of the University, Blondel. Moliere's first sally of wit against physicians was undoubtedly inspired by Dr. Mauvillain.

Some writers, on the other hand, blamed Moliere's wife as having caused his dramatic diatribes against doctors, on account of a quarrel she is said to have had with the wife of a prominent physician. No person attaches the least value to this theory.

It was in the play "L'Amour Medecin," in 1665, that Moliere commenced his war against doctors and drugs. "It is very certain," says Moland, "that in this comedy Moliere attacked not only physicians in general, but certain well-known medical men, as even the gestures, language and habits of such were

satirized." Here was the great wrong perpetrated by Moliere; he was unfair enough to use his genius not against doctors as a class, but against their personality. Thus he aroused animosity of the most passionate kind against himself.

Moliere, in his character of Pourceaugnac, renewed his attacks on physicians. "But," says Auger, "he changed his plan of attack. He did not seek what was most absurd in their doctrines or language and make them out more absurd than they really were. Here he represents most faithfully, without exaggeration, a consultation of the seventeenth century; the two physicians only say in this play what might have been said by such men as Brayer, Valot, Esprit, Daguin, Desfourgerais, Guenaut and Gui Patin. He did not cite a false Hippocrates or Galen—their theories are founded on veritable phenomena. That which he makes his characters say is good, and what they prescribe is not very bad; it is only a farce, inasmuch as the personage represented as Pourceaugnac is not sick, but they find all kinds of symptoms in his case. Their capacity and knowledge of medical doctrines only put in relief their astounding blunders."

We must say in conclusion, as we have said previously, that many of Moliere's ideas and expressions have been taken from Riviere, and his beautiful discourses are the work of Mauvillain or some other physician; it was only necessary to give Moliere an idea to obtain the salt in the thing. There is the evident association of two vindictive spirits: one furnishing material, the other arranging the ammunition provided with amusement and malice. The collaboration was contemporaneous, and the instigation moved with it; this is everywhere apparent; for, if we except the "Physician in Spite of Himself," we find the inspiration of Mauvillain, or some other doctor, in "L'Amour Medecin," "Monsieur Pourceaugnac," and the "Malade Imaginaire;" the last comedy especially most markedly evidences the fact of medical prompting. In support of this assertion Maurice Reynaud acknowledges that, in real-

ity, Moliere is only a parody on the Faculty.

Yes, it was this Doctor Mauvillain, that aggressive and violent hater, who played the wicked part of Moliere's prompter; and it is Maurice Reynaud, in his magnificent study of "Physicians in the Time of Moliere,"—a work of brilliant genius, redundant with the riches of dramatic erudition,—who adds weight to this opinion.

Dr. Mauvillain's intimacy with Moliere was all that ever gave the former fame, and we know the fear in which the doctor was held by the dramatic author, for it was Moliere who wrote in "Tartufe:"

"SIRE:

"A very honest physician, whose patient I have the honor to be, has promised that I shall live thirty years more if I can obtain from you for him a certain favor. I have told him that if he would promise not to kill me, I would crave the favor. It is this, Sire: a canonical position in the Royal chapel at Vincennes, vacated by the death," etc.

This favor was asked for the son of Dr. Mauvillain, and the canonical position duly obtained. Is it not singular that there is only one letter of Moliere's in existence that asks for a favor from Royalty, and that this favor is for Moliere's physician? The tone of the letter fully proves that he did not care to be reconciled with the profession, but is also proof positive of his intimate friendly relations with Dr. Mauvillain.

Yes, the antipathy of Moliere for physicians was inspired and animated by contact with Dr. Mauvillain and his two accomplices, Drs. Lienard and Bernier.

[THE END]

THE NEW DRUG APIOLINE.

The seeds of the *Apium Petroselinum* (N. O. Umbeliferae) have long been known to contain several well-defined principles: notably *apiine*, a glucoside, *apial*, a camphor soluble in alcohol, insoluble in water, crystallizing in fine needles, melting at 30° and boiling at 300°, besides which there is an *essential oil*, composed of an oxidized crystalliz-

able substance dissolved in a *terpine* having a powerful odor of the plant, a low specific gravity and a boiling point of 160°.

Medical literature abounds in observations establishing the emmenagogue action of the plant; Bouchardat, Vallée, Marcotte, Fauconneau, Corlieu, Bouchut and others are unanimous in this respect, and Siredey (an authority on gynecology) goes so far as to say that it is the best emmenagogue whose reputation is indisputably established.

There has, however, been a want of uniformity in the therapeutic results obtained with the preparations hitherto found in commerce, and it is with a view to attain this desideratum that M. Chapoteaut has adopted the following process for the extraction of the active principle of these seeds.

After complete exhaustion with light petroleum ether, the resulting liquid leaves on distillation a semi-congealed residue of neutral substances, fatty acids, etc., which, when treated with alcohol, is partially soluble.

The alcoholic solution on evaporation leaves a product which, on addition of caustic soda, yields a thick reddish liquid, boiling at 275° C.: Sp: Gr: 1.113. Chemically this may be considered a pseudo-apiic alcohol.

This is *apioline*, the true active principle of the plant *Apium Petroselinum*.

The physiological experiments made on female guinea-pigs in the laboratories of the Faculty of Medicine (Paris) by Dr. Laborde indicate that apioline has a special action on the circulatory system of the smooth muscular fibres of the uterus, producing vascular congestion and excitement with contraction, thus explaining why the drug excites menstruation in females.

Apioline did not, however, produce abortion in pregnant females, except those near the full term, and three grammes of the drug were required to cause death, while small doses left no bad effects.

These experiments would indicate that apioline would be harmless even in large doses to women, and clinical evidence soon showed that it may be

safely used to excite and regulate catamenia in amenorrhœa and dysmenorrhœa, while some authorities believe the almost certain existence of pregnancy is indicated in doubtful cases, when the flow is not promptly established after a few doses.

Dr. Westhaeffer, of Lancaster, reports amongst other cases favorably treated with apioline, one of fifteen years' standing of irregular and very painful menstruation: "At her last sickness the flow came on much freer than usual and was almost painless. My patient noticed that the flow kept up for three or four days continually, and not, as formerly, stopping on the second day and then returning in three or four days."

Two or three capsules should be prescribed daily for the four or five days preceding each epoch and continued during the first two days of the menses; the following month this should be repeated, after which it is rarely necessary to renew the treatment.

In writing prescriptions care should be taken to write "*apioline*" in full, or it may be mistaken for the old-fashioned yellow or green *apiol*. M.

CONTRIBUTIONS FOR ESTIMATING THE VALUE OF THE DIFFERENT MERCURIAL PREPARATIONS IN THE TREATMENT OF SYPHILIS.

BY ERIC LEXOR.

In the treatment of 303 patients by inunction 26, or 9 per cent., returned with relapses of the malady. Peptonate of mercury was used in the treatment of 35 patients; of these 16 per cent. suffered from return of the disease in from three to seven months. The author obtained a similar percentage for 89 syphilitics treated by subcutaneous injections of hydrarg. formamid. Of 82 patients treated with corrosive sublimate, 13 experienced relapses.

The almost insoluble preparations, hydrarg. oxydul. tannic., and hydrarg. oxydul. carbol., both administered internally, and the last also subcutaneously, showed 18 per cent. of relapses. Where hydrarg. salicylas was used, 15 per cent. of the patients were compelled

to visit the clinic again and again on account of the return of the syphilitic manifestations. This drug was also found too weak to cause all symptoms of the disease to disappear entirely, and produced also, when used once or twice a week in the proportion of 1 to 10 ol. amygdalæ, considerable local inflammation. The same results were observed where ol. cinerensh. was used hypodermically. The latter, however, was found to act in a much shorter time. After this treatment 16 per cent. of relapses took place.

In drawing conclusions, the fact that by far the best results were obtained from the time-honored inunction-treatment was demonstrated. The objection that stomatitis follows this treatment earlier and more violent, was, according to L.'s results, unimportant.

Mercurial preparations given internally are borne badly, generally causing diarrhœa, and for that reason must never be considered of the same value as inunction. Besides, the greater part of the remedy taken internally is never absorbed. However little may be used in inunction, the amount absorbed is determined. This would seem to be the case in the hypodermic method, but it was found that a large part of that used remains unabsorbed at the point of application, and that the intensity of the local inflammation was in proportion to the activity of the medicament. Intramuscular injections did not render it possible to avert entirely these evil consequences. The treatment by inunction, from these results, remains the sovereign remedy for syphilis. — *Wiener Med. Wochenschrift*. T. G.

LATE CONTRIBUTION TO THE HISTORY OF PRIMARY CARCINOMA OF THE LYMPHATIC GLANDS.

BY CHAUBORD.

The patient in question, a man forty-one years old, was suffering from chronic alcoholism. The affection began as an enlargement of a retro-maxillary gland the size of an almond, smooth, painless, mobile beneath the skin. The patient was submitted to an antiscrofulous treatment. Some months

afterwards the tumor was much larger, immovable, adherent to the integument, and fluctuating. A puncture was made into it and a grumous and carious pus exuded. By and by the tumor increased in size by the consolidation of other glands with it, and the wound remained lacerated and gaping; afterwards its edges became hard, and at the same time there appeared on the surface surrounding the sore scirrhous tubercles. The patient succumbed to cachexia one year after the first appearance of the malady.

At the autopsy there was found a tumor three times as large as the first, extending, in front of the clavicle, from the angle of the jaw to within the axillary. It had propagated itself by a chain of glands into the mediastinum, anteriorly to the aorta, as far as its bifurcation. In this situation existed a new mass of agglutinated glands. The original tumor, on cutting, presented all the characteristics of a scirrhous growth, and the glands less affected had more of a sarcomatous appearance. Only one organ was affected. The left kidney, in its upper third, that part contiguous to a ganglionic mass in the lumbar region, was infiltrated with carcinomatous nodules.

The histological examination of the glands, of the integument and of the kidney, confirmed the diagnosis in demonstrating the existence of alveoli and of atypical epithelioid cells disposed regardless of order and lying loosely in the meshes.—*Progrès Medical*. T. C.

INVESTIGATIONS CONCERNING THE ETIOLOGY OF TETANUS.

BY CHAUTESMESSE AND WIDAL.

The authors, wishing to elucidate experimentally the question of certain epidemics which are occasionally observed in the wards of a hospital, used in inoculations the dust taken from the walls, from the curtains, from the mattress and from the floor in the vicinity of beds on which patients have died from tetanus.

The inoculations (on guinea-pigs) made with the dust from the walls resulted negatively, but that taken from

the floor always produced tetanus in three to five days. Similar results were obtained with the product of the scrapings from the internal surface of the uterus of a patient suffering with tetanus.

The inoculations made with the organs of the animals rendered tetanic were negative. Those made with the fluids collected from the edges of the wounds were positive, but reproducing the disease in a milder form.

The pus and the serous discharges from the sores contained, with other microbes, that described by Nicolaier. In cultivating this microbe on plates of serum, the product of a pure culture never gave a positive inoculation.

The authors think that this may be explained by admitting that the microbe of Nicolaier is not sufficient, but that there must also be a soil prepared by the presence of other microbes in order to develop its full virulence, and thereby losing its faculty of germination.

This hypothesis has favoring it the following experiment: Earth, having considerable tetanic virulence, was triturated and exposed for three days to the temperature and diffused light of the laboratory, at the end of which time it was found inoffensive.—*Bulletin Médicale*, September, 1889. T. C.

SALOL IN ANGINA.

1. Dr. Goguenheim, in a communication to the Congress of Laryngology (*Revue de Thérapeutique*), presents the following remarkable conclusions:

1. Salol acts efficiently in all forms of acute angina, no matter what the cause.

2. It calms, with the greatest rapidity, the pain, the dysphagia, which are the most painful symptoms of this affection.

3. In calming the pain, it may diminish the duration of phlegmonous suppurating angina.

4. It decreases the temperature.

5. It diminishes, in nearly all cases, the duration of the disease.

6. To attain these results the daily dose should not be less than four grammes.—*Med. Times and Register*.

Bibliography.

ASTHMA CONSIDERED SPECIALLY IN RELATION TO NASAL DISEASE.

By E. SCHMIEGLOW, M.D. London: H. K. Lewis, 1890.

This is an English edition of a book published in Danish this year in Copenhagen, in which the author concludes, from a large observation, much of which is published, that asthma must be considered as a bulbar neurosis; that the bulbar neurosis, which consists in an excessive reflex irritability of the respiratory centre, may or may not be accompanied by a state of general nervousness; that the bulbar neurosis sometimes appears in otherwise apparently healthy individuals without any trace of other nervous phenomena; that an asthmatic attack in many cases originates from the mucous membrane of the nose, and that in every case of asthma the nasal cavity should be examined. The book is one of very great value, as showing a degree of painstaking observation and research that is highly commendable.

MANUAL OF ORGANIC MATERIA MEDICA.

By JOHN M. MAISCH, Ph.D., Phar.D.

A work that has reached a fourth edition within a period of eight years scarcely requires additional praise in order to recommend it as a popular work of scientific value. Although it is designed more especially for the use of the pharmacist, still it is a work of reference for the physician, who for practical application seeks for a description of the essential physical, histological and chemical characters of organic drugs. An arrangement of the substance either according to the similarity of their action upon the human economy, or according to their chemical relation, would have made the book more convenient and profitable to the physician. But since it was intended to be more especially adapted to the needs of the druggist and pharmacist, its mission is better fulfilled in that the organic drugs

are arranged according to their physical and structural properties. The high esteem in which it is held by the students of pharmacy is attested by the fact that it is recommended as a textbook in almost every college devoted to the study of this science. G.A.F.

THE REFRACTION OF THE EYE.

By GUSTAVUS HORTRIDGE, F. R. C. S., London. For sale by Robert Clarke & Co.

This is the fourth edition of this excellent manual for students. It is illustrated by ninety-eight illustrations, and contains test type for reading as well as a chart for the wall. It begins with a description of lenses and shows the various ways in which rays of light are refracted, and then proceeds to the study of accommodation. It describes in very plain language the direct and indirect methods of using the ophthalmoscope, and illustrates the methods with well-drawn diagrams. A chapter is devoted to retinoscopy, and the advantages of this method clearly shown. The chapters on myopia, hypermetropia and astigmatism are well illustrated and contain valuable formulæ. The question of strabismus is discussed from a practical stand-point, and contains valuable suggestions as to the use of glasses to relieve it. It is an excellent book for the student, and explains many obscure points in plain language. S.C.A.

A YEAR-BOOK OF TREATMENT FOR 1890.

Philadelphia: Lea Brothers & Co.

This little book is made up of excerpts from recent current medical literature, making an effort at giving an account of the advances made in the treatment of diseases.

A NEW western postoffice has been named Malaria, probably because the mail-service of the place is intermittent. —*Medical Classics.*

HELEN: "Mamma, what is a *casus belli*?"

Mother: "My child, never speak of anything so indelicate. It is the Latin for stomach-ache." —*Life.*

Miscellany.

MEDICAL WIT AND HUMOR.

COLLATED FROM VARIOUS SOURCES

BY T. C. M.

OLD RYE.—Doctor: "How would you like some animal food?"

Invalid: "Animal food? Well, I don't care for any hay or grass, but guess if I could worry down a little rye I'd feel better." —*Texas Siftings.*

SANITARY LEGISLATION.

Bow down your head, hold short your breath,
and see

Far in the Ewigkeit your penalty.
Oh! ye, who loved our grandmothers of yore,
Sing a *Te Deum* for the fruit they bore;
And in the London mud, upon your knees
Bless them, or curse them, as your sense may please.

Talk of hereditary statesmen! Note
The sapience of those who rule by vote;
The hobby-hunting, muddling house of seers,
There find your Midas, with the asses' ears.
A House of *Commons* yields the greenest grass
To batten up the legislative ass.

They make the laws which rule our favored land,

And e'en on sanitation try their hand.
Diphtheria, small-pox, fever in the air
They all might catch!! and tremble at the scare.

In abject terror they exact a bill
To shield *their* precious carcasses from ill.

The vilest scourge of all they don't put in;
To recognize it would be aiding sin.
They take no notice of the sore which poses
And festers right beneath their braying noses;
And children's children fain must pay the price,
To salve the faddists of "State-aided vice."

The streets are full of women of the night,
And godly Babylon reveals the sight
To virtuous maidens, coming from the play,
Of sensuous women turning night to day;
Of brothers—may be lovers—neath the glare
Of blazing gas jets going—going where?

Where!!—where these prurient pruders who
make the revel
With unctious voice will tell you—to the devil.
These are the men whom history will relate
B ought bonny England to a rotten state;
These are the Pecksniffs who on platform
stump,

And constitute our legislative "Rump."

Self-satisfied and full of holy zeal,
They agitate against the common weal;
Not even letting well alone, they force

Vice from its den into the streets, of course—
Utterly unrestricted, can we wonder
That young men, tempted, very often blunder?

But no, they cannot check it; 'tis a sin
To recognize this curse: "When I got in
To Parliament, I took a moral tone,
Let every sinner his own sin atone."
Look to it, idiot! perchance YOUR brain
Is weakened by hereditary stain.

—*Hospital Gazette and Student's Journal.*

SOMETHING TO PICK.

How many bones in the human face?
Fourteen, when they're all in place.

How many bones in the human head?
Eight, my child, as I've often said.

How many bones in the human ear?
Three in each, and they help to hear.

How many bones in the human spine?
Twenty-six, like a climbing vine.

How many bones in the human chest?
Twenty-four ribs, and two of the rest.

How many bones in the shoulder bind?
Two in each—one before and behind.

How many bones in the human arm?
In each one, two in each forearm.

How many bones in the human wrist?
Eight in each, if none are missed.

How many bones in the palm of the hand?
Five in each, with many a band.

How many bones in the fingers ten?
Twenty-eight, and by joints they end.

How many bones in the human hip?
One in each, like a dish they dip.

How many bones in the human thigh?
One in each, and deep they lie.

How many bones in the human knees?
One in each, the knee-pan, please.

How many bones in the ankle strong?
Seven in each, but none are long.

How many bones in the ball of the foot?
Five in each, as the palms were put.

How many bones in the toes half a score?
Twenty-eight, and there are no more.

And now altogether, these many bones fix,
And they count in the body two hundred and six,

And then we have the human mouth,
Of upper and under thirty-two teeth.

Add now and then have a bone, I should think,
That forms on a joint, or to fill up a chink,

A sesamoid, or a wormain, we call,
And now we may rest, for we've told them all.

—*Medical Recorder.*

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Original Articles.

ON LABARYNTHINE VERTIGO.

WITH REPORT OF A CASE.

BY

R. B. McCALL, M.D.,
GEORGETOWN, O.

In the management of labarynthine vertigo the writer has derived signal advantages from a solution of hydrate of chloral and bromide of potassium according to the subjoined formula:

R Chloral hydrat., ʒii.

Kali bromid., ʒiv.

Aq. menth. pip., ʒiv.

Ft. Sol. Sig.—From one to two teaspoonfuls.

This dose may be repeated as often as may be required to produce sleep. This is believed to be an almost perfectly *safe* hypnotic, and its good effects in the case under consideration may be reinforced and made permanent by the early application of a small belladonna plaster over the mastoid process behind the affected ear, to be worn during the inter-paroxysmal periods; in this situation the drug seems to exert a specific influence. In a recent case of this distressing malady the foregoing treatment afforded most gratifying success.

CASE REPORT.

August 18, 1889, Amanda S., aged sixty-three and delicate, apparently in her usual health, was suddenly startled by a loud explosive noise in the right ear, followed by tinnitus aurium and the supervention of vertigo, which was described by the patient as indescribably severe. In her apprehension she was persuaded that the attack would terminate in nothing less than the loss of reason. On closing the eyes there was

an appalling impression that the body had been disconnected from all things terrestrial and was sinking helplessly into a fathomless void, and on being opened a bewildering feeling that everything was in motion—ceiling, walls and floor of the apartment—first in one direction, then in another; character of the motion changing, the numerous objects in the room dancing, and the four walls, with their burden of pictures and ornaments, falling with crushing force upon the devoted victim. The first attack continued, with a degree of abatement, for thirty-six hours; the second, third and fourth were promptly controlled in a few hours, though active medication was required for several days in every instance. There has been but one slight relapse since October, 1889. The mode of attack was the same in every case, namely, an explosion, succeeded by tinnitus and consciousness of a loss of the power of coördination and equilibrium, invariably accompanied or followed by nausea, which occasionally ended in emesis, easily relieved, if persistent, by oxalate of cerium in three-grain doses frequently repeated. There was the history of a naso-pharyngeal catarrh of long continuance, but nothing could be learned to indicate preëxisting middle or internal ear disease, although such must have unquestionably been the case. Careful examination of the external auditory canal and ear-drum disclosed no unhealthy condition or appearance. For many years the patient had suffered from indigestion, but at the time of the first attack of vertigo, and for many months, the condition in this respect had been much improved. After a paroxysm, something like the ordinary standard of health would be gradually regained, which is not the case when the so-called

status vertiginosus is established; for that exists for a long period, or permanently, with a dread of a renewal of the experience and an actual continuance in a less degree of activity of the dizziness, provoked by whatever may suddenly or violently excite the function of the eyes or of hearing or derange gastric digestion or produce undue excitation of brain or any of the nerve centres. After the first attack the patient was prescribed the treatment above alluded to, namely, choral hydrate and kali bromide for the suppression of the paroxysms and a belladonna plaster to be constantly worn.

Of course, insomnia was an ever-present element; so soon as this could be subdued and sleep induced the activity of the disease terminated in a milder form, which would run along for a few days, ending in a sort of resolution. On one occasion bromide of potassium was given alone till the quantity taken was one-half ounce, with the result of overcoming the wakefulness; but in all other instances it was found expedient to employ the combination, there being a decided gain in effectiveness.

Since October there has been but a single relapse, and that mild. In the inter-paroxysmal periods tonics are indicated, and I have been partial to the following:

R. Elix. gentian et tr. ferr. chlor., . ʒi.
Sig.—To be repeated before each meal.

R. Elix. strych. et ferr. phos. et quin., ʒii.
Elix. syrup, ʒi.—M.
Sig.—Teaspoonful after meals.

Sometimes in place of last the subjoined will be preferred:

R. Liq. strych. (Hall's), gtt. v. vel. x.
Sig.—To be taken after eating.

For the relief of the very distressing perversion of sense and loss of coördination and equilibrium it may be urged that the chloral and bromide are worthy of an early and fair trial in every case, and that the plaster of belladonna immediately over the nerve organ where the disease has its origin must be added.

A FIRST-CLASS LOCATION for an unmarried *regular* physician. Address
JOHN CLARK, Jr., Hillsboro,
Fleming County, Ky.

SCARLET FEVER.

REPORT OF TWO ISOLATED CASES.

BY

H. H. SPIERS, M.D.,
EDINBURG, OHIO.

Should the question, Is Scarlet Fever Contagious, be asked the medical profession, it would receive an answer unanimously in the affirmative. Change the question to, How Contagious is Scarlet Fever, then there would be a diversity of opinion. To the observing practitioner nothing is more patent, whatever the cause, than that there are isolated cases of scarlet fever, even where there is an abundance of material to feed on, on exposure other children do not take the disease; it ceases to spread. I can better convey my meaning by giving two cases in illustration.

CASE I.

In the summer of 1885, I was called to see an infant about two years of age. Seven or eight days previously the father had taken the child to an adjoining town where it was reported that one or two cases of scarlet fever prevailed, but no epidemic and no exposure so far as known. The child had been ailing a day or two at the time of my visit; the temperature in the axilla was 104° F.; pulse quick, 140 to 180 per minute; skin dry, tongue red "raspberry"; throat sore, and a scarlet eruption over the entire surface. On pressure a white spot appeared that reddened from periphery to centre. The diagnosis was scarlet fever. The rash disappeared on the fourth day and the temperature fell. From the seventh to the tenth day there was perfect desquamation of the cuticle, the scales being rather large. Four other children were in the family, the eldest thirteen years of age. None of them had had scarlet fever, and the father wanted them to have the disease while young. No preventive was used. I asked, Will these four children take the disease?

Time passed and no sickness in the family.

CASE II.

In the spring of 1889, I was called to see a child about five years of age

with symptoms same as above except the pulse was quicker, nearly 200 per minute, and the temperature $104\frac{1}{2}^{\circ}$ F. It continued four or five days. There were three other children in the family, one younger and two older, the eldest about nine years of age. None of the children had had scarlet fever, and no disease of the kind prevailed within a radius of three miles. The father had been away at work, coming home occasionally, but the children had been closely confined at home. The house was small — only two rooms — the weather inclement, so all the children stayed in-doors. I said, If there be any activity in the contagious principle, surely these three children will have the disease.

Time passed. The three children escaped.

It was truly an isolated case.

CONCLUSIONS.

Of course the disease might have been conveyed by families, but why to this last child alone? Why did not the others take so contagious a disease when the environment was apparently so favorable? Some brother may say these cases were contracted during the recession of an epidemic. The virus or contagious principle had become so attenuated or exhausted that it ceased to act. Possibly. But is this the only explanation to be given? Do not the atmospheric, telluric and electric conditions form factors? Above all, is not the condition of the recipient one that must enter largely in the contraction of disease?

But to proceed: Is there a doubt as to the genuineness of the above cases of scarlet fever? If no doubt, in all due solemnity, Is scarlet fever so contagious as the medical profession is wont to believe? A few words more. Had belladonna been used in the families named, I might have been enabled to swell the list of those who think that it has prophylactic power in scarlet fever.

SMALL doses of iodine are said to relieve many forms of vomiting, such as that of Bright's disease, brain affections, migraine, stomachal distress, and the nausea following the use of anesthetics.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of February 24, 1890.

The President, WM. JUDKINS, M.D.,
in the Chair.

G. A. FACKLER, M.D., Secretary.

Cases of Injuries to the Skull.

DR. GEORGE B. ORR desired, by the report of a number of cases and the exhibition of some, to start the inquires, what the surgeon is to do, how and when he is to do it in cases of this kind.

CASE I.

The patient was a child, eighteen months of age, who fell from a second-story porch, a distance of seventeen to eighteen feet, landing upon the left side of the head. The injury seemed to have been inflicted over an extensive area. No prominent spot of the head came in contact with any prominent object; hence, there was no puncture and no laceration of scalp. Instead of being convex, this side of the head was concave. The parietal bone seemed reversed. What, now, was the proper treatment in the case? There was a symmetrical saucer-shaped depression of considerable size, four to five inches in length and three inches in width. As there was no injury to the soft parts, and believing that, since the subject was young, the condition would right itself, the speaker advised to wait. The patient was not interfered with; the condition did correct itself, and subsequently only the slightest flattening could be discovered. The brain surely came back to its original position, and there were manifested no symptoms of depression.

CASE II.

This case was that of a little girl, six years of age. The condition was the result of a gunshot wound inflicted by a ball that had at first struck a rock and then, glancing, entered the back of the head near the occipital protuberance. The doctor who had been called in the case did not explore or hunt for

the ball, but sent for the speaker to operate. The child had some symptoms of depression, mixed with shock. Chloroform was administered, an incision made over the seat of the injury, and a depressed fracture exposed. The depression was concave and limited. The trephine was employed, care being taken to avoid the sinus, and an elevator introduced and the bone lifted. Now a peculiar condition was exposed. A bayonet-shaped splinter of bone had been driven through the dura mater into the brain. After its removal with the forceps considerable hemorrhage followed. The wound was closed, the lower point being left open for drainage. Ice-bags were applied. On the following day, expecting to find an elevation of temperature and probably symptoms of inflammation of the brain, the speaker was surprised to find the patient sitting up in bed, in full possession of her faculties and playing with her toys as if she had sustained no injury. She went on to complete recovery without an untoward symptom.

CASE III.

A young man, fifteen years of age, during a fight, was struck upon the right temple with a rock at 9 o'clock p.m. The speaker saw the case at midnight. He was insensible, and went from one convulsion into another. There was no extensive laceration, and yet enough to warrant the idea that there might exist a compound comminuted fracture. The scalp was laid bare and a depressed fracture of considerable extent was discovered. Hemorrhage was considerable into the soft parts, and the upper portion of the temporal muscle had to be lifted in order to expose the upper part of the wound. The speaker never had a more troublesome case as far as extraction of the fractured particles is concerned. There was extensive laceration of the dura mater. No anæsthetic was employed. Immediately after the elevation of the fragments consciousness returned. The superficial parts were brought together and stitched. No attention was paid to the laceration of the dura mater, nor would it have been of any value. In twenty-four hours the parts were all

open. Extensive sloughing occurred and the brain began to bulge, and hernia cerebri put in a rapid appearance. The question arose, what to do. Compression was determined upon, and for this purpose an elastic bandage was used. But there was no tendency for the parts to retract. The condition became more aggravated day after day. The soft parts melted away in every direction, and hemorrhage made its appearance. Persulphate of iron was applied without avail. It was impossible to get rid of the fungous growth. Chloride of zinc was applied and the parts cauterized to the level of the skull. Within forty-eight hours it had again loomed up. It was cut off with the knife, but still kept on in its growth. The patient died sixty days after the receipt of the injury.

CASE IV.

The patient had been operated upon by Dr. Briggs, of Nashville, about two years before he was seen by the speaker. He had received a depressed fracture as the result of a kick from a horse. The depressed portion was trephined and elevated by Dr. Briggs. Six months thereafter convulsions made their appearance. These, at first, recurred every two to three weeks, then once a week, and two years after the injury the patient was having thirty to sixty epileptiform convulsions a day. The speaker was called in consultation. The patient had been medicated to the fullest extent by the bromides, chloral, etc., but nothing controlled his convulsions. The speaker's advice was to cut down and explore the region, in order to discover what the cause was: whether there was a spicula, an osteophyte, or a cicatrix. Such a procedure was opposed by the friends of the patient, and he died a week after the speaker's visit. With great difficulty a post-mortem was obtained, and a cicatrix found to be the cause of the irritation. The speaker exhibited the skull with large perforation.

CASE V.

The location of the injury was almost the same as in the previous case. It was a little further forward, and was the result of a peculiar accident. While

carving out staves a piece of one of these was violently hurled by the buzz-saw against the forehead of the patient, who was a lad sixteen years of age. He was found in a semi-conscious condition and in convulsions. The trephine was used and the bone adapted to its normal condition. The dura mater was extensively lacerated, and there was some loss of brain-tissue and soft parts, that were filled in by cicatricial tissue. A rapid and complete recovery was had in this case.

CASE VI.

The patient was not seen for two weeks after the injury. He was a man nineteen years of age, and had been struck by a brick-bat upon the left parietal bone. The seat of the injury was not far from the fissure of Rolando. The doctor whom he called upon after the injury assured him that the lesion was not of a serious character. After a short time he went into a condition of lethargy, varied by an occasional convulsion. Twitching of the muscles of the right side set in, and he finally became speechless. When seen by the speaker, at the end of the two weeks, he was in deep coma and appeared dead to all surroundings. There remained what might be called a vegetable kind of existence. Opening up the affected area, the speaker found the skull crushed to pieces at this point. The area involved was one and one-half inch in one and one-quarter inch in another direction. Nineteen pieces of bone were extracted, the most of them being out of sight and imbedded in the brain. There was considerable loss of brain-tissue in this case. The convulsions ceased immediately. The soft parts were brought nicely together, and no special external treatment employed. The lower angle of the wound was left open for drainage. No antiseptic measures were employed, and the plastic material was allowed to seal over the cuts. The speaker presented the patient for examination.

CASE VII.

The speaker presented a boy who, in August, 1888, when about six years of age, received an injury of the skull. An oak scantling, about four inches in

thickness, had been placed from a house top to an elevation of ground for the support of a swing, so as to be about fourteen feet above the spot where the boy stood as a spectator. It was studded with nails. During the swinging out the scantling pulled loose from its attachment on the roof and came down on the boy's head. He was struck straight across the top of the skull, and was carried into the house in an unconscious condition. A physician was sent for and found him in convulsions, with stertorous breathing and symptoms of great shock. The speaker was summoned and arrived at 9 o'clock p.m., about two hours after the accident. The patient was lying upon the bed, his eyes so distorted in position that nothing but the white could be seen, and both turned to the right. He went from one convulsion into another, and gave no other sign of life except an attempt to breathe two or three times a minute. It was decided that there was nothing to do but to elevate. There were but two spots where the soft parts had been injured. These were perforations, and were produced by the nails in the scantling. No anæsthetic was needed. The boy seemed so nearly dead that the father asked that he be left alone. While lifting one of the fragments in the central part of the cranium an enormous gush of blood occurred. It required but an instant to see that the bone had been driven into the superior longitudinal sinus. A carbolized sponge was placed into the opening to arrest the hemorrhage until the remaining loose fragments were removed. The portion involved by the depression was $2\frac{1}{2} \times 1\frac{1}{4}$ inches, a linear fracture extending on the left side to just above the ear and another on the right side to beneath the zygoma. After cleaning up the field and drawing the dura mater into position, the soft parts were stitched in position as perfectly as it was possible under the circumstances, and two points left open for drainage. The speaker was surprised to find that the convulsions ceased, that respiration grew more frequent, and the boy looked as if he might live until morning. Antiseptic dressing was used from the

beginning to the end of the case. The patient's condition was remarkably improved on the following morning, and convalescence steadily progressed, although extensive sloughing of the scalp, soft parts, and even of a portion of the external table of the skull took place. Granulation came on and the entire wound healed over. It was the most desperate case the speaker had ever encountered.

No bone was replaced in any of these cases. Some surgeons are now advocating the replacing of the button, and some recent authorities even recommend replacing the fractured particles, so as to secure a firm covering and prevent hernia cerebri. Others secure the peri-cranium, draw it into position, and suture it there. All the speaker did heretofore was to suture the soft parts together.

It will be seen that five out of the six cases operated upon by the speaker recovered, and are to-day in good health in every particular. Only in one case (the one operated upon in Tennessee) was there trouble afterward—epilepsy—which finally caused death. These cases prove (the last one in particular) that no case of injury of the head should be considered hopeless until death has occurred.

DISCUSSION.

DR. HALL referred to a case that had been reported by Dr. Dudley Allen, of Cleveland. The case was one of extensive head injury. A large piece of bone, $1 \times 1\frac{1}{4}$ inches, was removed, together with the button. Both were replaced, and the patient recovered rapidly. The bone, to all appearances, is as solid as it was before the accident. There is no depression or elevation.

Another case had been reported by the speaker, while he was engaged in general practice, of head injury received by a fall twenty to thirty feet from a bridge upon loose rock at the base of the pier. An extensive fracture, similar in location to the one described in Dr. Orr's last case, was discovered. A piece $3 \times 1\frac{1}{4}$ inches, which had become

detached and driven down into the brain, was removed. Some brain tissue was lost, but the patient recovered completely. The operation has been performed about ten or twelve years ago.

The speaker related the case of a boy ten or twelve years of age whose head had been struck by a bolt of the bumpers of an engine. A fracture $\frac{3}{4} \times 2$ inches was produced in the occipital bone and the fragment broken into two pieces, and the only theory that could be advanced why he did not die from hemorrhage is that the sinus was not opened, one fragment having entered above and the other below the sinus. Little hemorrhage occurred. The specimen of fragments showed both the internal and external protuberances.

DR. CHRISTOPHER related the history of a case observed during his service in the City Hospital. The patient was a man eighteen or twenty years of age, who, while drunk, fell from a third-story window. The entire posterior portion of the skull was broken into small pieces, and crepitus could be distinctly felt. He would judge that there were about five or six pieces, varying in size from one to two square inches. They could be plainly felt and moved about by pressure. There were some wounds of the soft parts, but not on the back of the head. The loose particles grew together. Intense febrile reaction set in, with brain symptoms, but recovery ensued. The patient, however, remained idiotic.

DR. DODD referred to the case of a young lady who, twenty years ago, when one year of age, fell from a second-story window and struck a stone balcony, a distance of eight or ten feet. Nothing was applied but cold applications, and the child recovered without the slightest symptoms.

DR. RYAN thought that the Academy ought to be congratulated on receiving such an interesting report, and Dr. Orr should be congratulated on the results obtained by him. It would certainly take many years of the average member's professional life to acquire such an experience in fractures of the skull as presented to-night. The re-

sults, which were astonishingly good, speak for themselves. The treatment in the first case was entirely proper. It would be absurd to attempt an operation when nothing but such a depression exists at the age of the patient. The results obtained with the re-insertion of the button are entirely satisfactory, and ought to be if the treatment is conducted with proper antiseptic measures. If the speaker understood the description of the last case correctly, there seems to have been some repair in the bone, since now the aperture appears to be only about one-half inch in diameter. It seems singular that entire recovery should have taken place without mental symptoms after there had been extensive disturbances of special senses. Certainly no more instructive report could have been offered.

IODIDE OF POTASSIUM IN HEART DISEASE.

G. Sée and Lapique (*Rev. S. C. Méd.*, January 15, 1890) declare that iodide of potassium is especially useful in valvular lesions or in severe myocarditis with weak blood-pressure; it quickly increases the heart's force and the blood-pressure. Later on, dilating all the arterioles, it aids the passage of the blood through them, and thus enables the heart to recover its contractile power. The iodide should therefore be very valuable in overworked or dilated hearts. The coronary arteries are dilated, and thus not only is the circulation aided, but the nutrition of the heart is increased also.

—*Canadian Practitioner.*

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

Selected.

THE PATHOGENIC PROPERTIES OF MICROBES CONTAINED IN MALIGNANT TUMORS.

Much discussion has taken place lately on the parasitic or microgenic nature of the malignant tumors, cancer, sarcoma, and epithelioma. Those who admit the truth of this microgenesis assert the existence in these neoplasms of several microbes, and attribute to them the real agency or first cause of the existence of such growths. Those who, without formally denying the above proposition, yet doubt its entire accuracy, see only in the presence of microbes an accidental circumstance.

Professor Verneuil (*Revue de Chirurgie*, October, 1889), attache himself to the latter party, ⁽¹⁾ and unshaken by the positive results announced by MM. Rappin, Scheurlen, and Lampiasi-Rubino, repeats, with entire agreement, the statement of Dr. G. Fatichi, of the School of Pathological Anatomy in Florence: "Without denying the infectious nature of cancer, one may affirm that the etiology of carcinoma has yet made any progress following on the study of bacteriology."

In refusing the initial rôle to micro-organisms, Professor Verneuil does not mean to state, however, that their presence in the midst of tumors is unimportant, but thinks—

(1) That the microbes modify the nutrition of neoplasms, accelerate their growth, incite cellular proliferation, and are the principal agents in causing pain, softening, and ulceration.

(2) That these microbes are endowed with intrinsic pathogenic processes, in virtue of which they react on the economy in certain cases, after the manner of septic poisons. ⁽²⁾

¹ This is an almost complete translation, and where the first person is used, the reference is to Professor Verneuil.

² In 1883 Verneuil found in a case of mammary cancer, complicated by obstinate eczema of the nipple (Paget's disease), and after removal, examined when quite fresh, micrococci united two and two, and also in small colonies. These existed in the piece obtained from the

In July, 1883, there was extirpated from the popliteal space a large fibroma surrounding the sciatic nerve. The tumor was covered with healthy skin, but presented at the periphery, and deeply in its substance, several layers of softening. The patient was young and robust. On the morning of the operation the temperature was 36.4°C . The operation itself was somewhat prolonged and difficult, but carried out with all antiseptic precautions. To the operator's great surprise, however, the next morning, twenty-four hours after operation, there was a rise of three degrees in the temperature, followed, it is true, the succeeding days, by an immediate descent, slow and regular, but which represented a typical curve of traumatic fever.

Further inquiries showed that in the softened portions of the fibroma there existed in great numbers micrococci, diplococci, and micro-bacteria, of which no trace was found in the unsoftened portions of the growth. Verneuil's opinion of the cause giving rise to this febrile attack is, that the microbes contained in the softened layers had infected the operation wound, into which they were scattered or spilt during the procedure for removal, and since this time he has held that microbes exist in the softened portions of tumors, but in no other parts, and mentions also that Dr. Fatichi, having examined two new growths in the fresh state (unsoftened), had not found any microbes, and that Nepveau and Lampiasi-Rubino have never found any in lipomata, or in hard fibromata. Nepveau is also of opinion that microbes exist only in the softened portions of tumors.

The kinds of micro-organisms found are micrococci, free or grouped, micro-bacteria, and bacteria of various forms and dimensions, but it has hitherto been impossible to establish any relationship between the variety of new growth and the invading microbes. M. Nepveau

tumor, but only in that from the softened parts. Some months afterwards, in a tumor deeply situated, and not ulcerated, so as to put out of all question communication with the exterior, micrococci, diplococci, and micro-bacteria were found.

noticed that the microbes observed by him in 1883, in the popliteal growth, presented nothing special either in external characters or in the products of their culture. In the tumor of the thigh to be shortly mentioned, M. Clado remarks the polymorphism of the bacteria, and the diverse grouping of the micrococci, and his last researches, carried out on a large and rapidly growing adeno-sarcoma of the breast, full of softened points, extirpated from a young girl of nineteen, possessing a splendid constitution, the growths being examined when perfectly fresh, showed micrococci only, both in the sections of hardened tissue, and in the cultivations.

As to the danger resulting of contamination by the microbes contained in the softened portions of growth, we may say that this has been already recognized by Professor Gross, of Nancy, in his work, entitled, "Traumatic Septicæmia by Auto-infection."

On May 28th, 1885, M. Gross removed a recurrent epithelioma from the lower lip, and two glands in the left sub-maxillary region. Four days subsequently all the parts were healed. On the 3rd of December following there was discovered on the right (opposite) side, two fresh glands over the course of the carotid vessels. As the patient was losing flesh and seemed to be arriving at the cachectic state, an operation was performed two days later. The first gland found was softened, and during the requisite dissection was torn, permitting about a soup-spoonful of a sero-purulent fluid to fall into the wound. The same occurrence took place during extirpation of the second gland. The wounds were washed with five per cent. carbolic, one sutured and drained, the other left open. Lister's dressing lightly applied. On the evening after the operation the patient was depressed, anxious, and suffering from operation shock; pulse 100, temperature 38°C . During the night there was vomiting, rigors, sleeplessness, and agitation. The next morning intense fever, pulse feeble (120), temperature 38.5°C ., restlessness and depression. The evening following, pulse 120, temperature 39.5°C . Night troubled,

sleepless. Asthenia became more and more pronounced, and death ensued sixty hours after operation.

The autopsy showed the lesions of acute septicæmia engrafted on a fatty state of heart, liver, and kidneys.

M. Gross, examining into the causes of this rapid and unfortunate termination, came over to my opinion, and thought that the patient was poisoned through inoculation of the operation wound by the liquid matter contained in the glands.

It is to be regretted that no bacteriological examination of the fluid had been made.

The same want of bacteriological examination was found in some cases of Prof. Verneuil's where, in 1870, he proved clinically and experimentally the noxious qualities of the fluid contained in certain ovarian cysts, without, it is true, deciding whether the accidents were due to the chemical properties or toxic nature of the fluid in question.

Following the tapping of an ovarian tumor, of rapid growth, and composed of multiple cysts, together with a soft mass of brainlike consistence, an acute peritonitis occurred and terminated in death within fifty-two hours. This Verneuil attributes to the irritant properties of the cyst contents. He further notices the energetic chemical action on steel instruments of the turbid and brownish fluid from another cyst, and cites this as further proof of the cause of accidents following after rupture of certain ovarian cysts or spilling cystic fluid into the peritoneal cavity during operative procedures for removal.

To control these clinical observations Verneuil requested M. Nepveau to make experiments.

Some drops of a light brown serous fluid derived from an ovarian cyst were, before any possible decomposition, injected with a Pravaz syringe into the cellular tissue of four dogs.

In all these breathing became quickened, and the heart beats almost impossible to count. There was also stupor, great thirst, lassitude, groaning, nocturnal howling, and, in a word, the signs of poisoning, which, though not ending

fatally, continued from two to eight days.

To return to the former proposition.

M. —, a vine dresser, aged sixty-two years, of the Department Seine et Marne, entered La Pitié, April 29th, 1889, for a large tumor of the left thigh, extending from the crural arch to the third ring of the adductor (*magnus*?) Having appeared a year previously it has developed rapidly during the last four months, and is now about the size of a child's head; is painless, and only causes trouble in walking. The overlying skin is raised and distended, but not at all adherent, and presents no alteration in color or structure. The mass is but slightly movable, indicating that it is sub-aponeurotic, enclosed between the muscles and possibly adherent to the bone. Its surface is bossy and its consistence unequal, firm in certain parts, and in others presenting the false fluctuation of softened neoplasms.

From these characteristics the tumor was diagnosed as a sarcoma of rapid growth, and undergoing softening. The patient in spite of his advanced age enjoyed excellent health. Spare, active, lively, and well set up, he worked in the fields to the time of his leaving for Paris. Minute examination of the great viscera revealed no lesion; nothing contra-indicated an operation, begged for by the patient, but which promised, however, to be difficult and tedious on account of the size of the tumor, its deep situation, its relations with the deep vessels, and its probable adherence to neighboring organs.

After a purgative, bath, and careful cleaning of the part, on the 3rd of May a curved incision of twenty centimetres was made following the axis of the tumor. Integuments and deep fascia being divided, and the tumor exposed, enucleation was attempted, but on account of intimate adhesions to the surrounding parts it was found impossible, so the growth was divided. The incisions through the morbid mass gave little blood, but permitted a sort of a juice of a reddish-grey color to run out in abundance from several softened portions of the growth. The principal mass

was thus removed piecemeal, and the remaining portions were dissected away, together with portions of adherent muscle, and a kind of pseudocyst which surrounded the entire growth. The operation lasted about twenty-five minutes; loss of blood almost *nil*. Neither crural nor obturator nerves injured.

It is hardly necessary to say that during the early incisions "broth" from the softened parts was freely spilt into the operation wound, and there remained to the end, being further disseminated by the manipulations necessary, and this in spite of the wound being during the operation twice washed out with a strong carbolic solution. All being removed, a last washing was done with strong lotion, then, not without certain misgivings, the wound was sutured with Florence horse-hair, and a large drainage-tube placed in position, pieces of iodoform gauze placed over the line of sutures, and the whole covered with absorbent dressing lightly but firmly applied.

The temperature, taken morning and evening for three days after the operation, remained always below 37°C . The night of the third was restless and uneasy. During the fourth day the temperature began to rise, and at 5 p.m. was 39.2°C . No local pain. Examination of the dressings showed that the discharge had come through, and on removing them it was found that although only applied for thirty-six hours the pieces of dressing exhaled a very bad odor: the edges of the wound were red and œdematous, and the thigh swollen and painful to the touch. Fifth day—intense fever, morning temperature 39.2°C ., local state unchanged. A little fetid pus flowed through the drainage-tube; the deep parts of the wound were washed out with sublimate solution, a purgative although acting well did not sensibly amend the condition. Sixth day—stationary. Flow of fetid pus and swelling of the limb continue. Stupor, thirst, tympanitis, typhoid aspect, urine scanty, highly colored, no sugar, no albumen. Seventh day—tumefaction of thigh extending upwards and downwards. The knee is

the seat of acute pain on pressure and on movement. Temperature 38.2°C . All sutures are removed, the wound opened, and edges kept separate to permit free drainage and cleansing. Notwithstanding all treatment, medical and surgical, the patient went from bad to worse, and died at 12 noon, nine and a half days after operation.

Autopsy forbidden absolutely, but death evidently due to septicæmia.

The tumor was a myxoma, contained in a capsule of connective tissue 4—5 mm. thick at certain points, and composed of parallel bundles (or plates) pressed one against the other, and separated by cellular layers. In the capsule were found lymphatic and blood vessels. The tissue of the growth is that of an ordinary myxoma, with here and there masses of embryonic tissue contained in the meshes of its delicate connective tissue. The mass examined by the naked eye is not homogenous either in feel or appearance; certain parts are still hard, whilst others are softened, some being almost diffuent. The color is mottled white and red, resembling that of brain tissue, and in several places there are extravasations of blood more or less old.

In course of the operation large pieces were taken from the centre of the tumor with a sterilized knife and thrown at once into absolute alcohol: these being colored by Weigert's or Löffler's method and microscopically examined, great numbers of micro-organisms of various forms were seen. The same micro-organisms were seen still more easily in the juice gathered by scraping and diluting with sterilized water.

By these different processes could be seen—

(1) A considerable number of micrococci, disposed for the most part two and two, or in masses.

(2) Bacteria in form of rodlets of equal length, straight or curved, the extremities sharp or rounded, but not fringed; others short and thick in form of a tun (barrel). In the fresh preparations the bacteria were seen to have movements. With the fresh juice cultures were made in gelatine by punc-

ture, and in agar-agar by stripping. On the third and fourth days the tubes were filled with colonies pressed one against the other. The gelatine liquefied directly they began to appear. Neither microbes nor cultures were injected into animals.

To the above facts the following should be added: During the operation a most offensive putrid odor was noticed by the chief of the clinic and dressers to exhale from the tumor and also from the juice of the softened points. They did not, however, mention the fact to Verneuil until two days afterwards, when the dressings were noticed to smell.

The existence of a grave septicæmia following a common operation and caused by it is here proved incontestably. The question is, what has been and whence has come the infective agent? On examining the circumstances which have preceded, accompanied, or followed the surgical procedure, in considering that the constitution of the subject was excellent, that no lesion existed in the great viscera, that no important organ had been injured by the operation, that the operation was conducted with all antiseptic precautions, that mesological conditions were favorable (the sanitary state of the wards being at the time very good), Verneuil concludes that the phlegmon of the thigh and the septicæmia had originated in the intimate and prolonged contact of the infective liquid, furnished by the softened and decomposed parts of the tumor, with the inner surfaces of the operation wound, the liquid deriving its deleterious properties from the number of microbes, dissolved by the bacteriological examination, or from their products.

In considering this case together with what had been previously observed in 1885, and the case published by Professor Gross, in 1886, Verneuil is led to assert afresh and more positively than ever the special danger which arises in cases of extirpation of certain tumors, the seat of microbic invasion, danger which ought to be all the more readily brought to light, so that surgeons may bring to bear, during and

after the extirpation, such simple precaution as will be now explained.

The surgeon ought to endeavor to recognize in its earliest stage the advance of neoplastic softening indicated by unequal consistence, false fluctuation, distension, redness and threatened ulceration of skin, irregular and rapid increase, local heat, such as Estlander describes, or special fever which Verneuil has himself described.⁽¹⁾

The diagnosis of softening having been made, and the peril of contact of the operation wound with the microbes contained in the softened layers recognized, it is necessary, to avoid accidents in ovariectomy, to strive to prevent the spilling of cystic fluid into the peritoneal cavity. To do so, one ought, as soon as possible, to remove the tumor whole, without violence, pressure, traction, or tearing its fibrous envelope. Such a proceeding as enucleation is sometimes very convenient and rapid, no doubt, but very hazardous from the danger of local recurrence, and should be abandoned, for if ever so little disposed to recur, it is the rule for sarcomata to do so.

La morcellement (removal piecemeal) likewise, which four years ago was thought so much of, should be reserved for hard tumors, or for mere growths in cavities. So used, it is of advantage, and if, unfortunately, softened parts are opened up, it would be necessary to immediately wash out the wound, and to at least repeat the washing several times before the end of the operation with a strong carbolic solution, in the

1. The neoplastic fever of which Verneuil says he could not ascertain the true cause in 1878 was most certainly due to microbic infection. In the observation published (*Revue Mensuelle de Medecine et de Chirurgie*, 1878, page 94), a fibro-colloid tumor, and a sarcoma of rapid growth and presenting softened points, were dealt with. In both cases removal caused immediate cessation of fever. The growths were extirpated entire without being cut into, so that the softened matter was not spilt into the wound, and in both cases immediate union occurred. Though the facts announced by Estlander and by himself should be accepted as facts, Verneuil says they have not been the object of any research capable of elucidating their cause, and thinks that the hypothesis of their microbic origin merits at least to be verified.

hope of preventing the chance of inoculation. It may be desirable to return to the use of the spray, unjustly forsaken, the use of which Verneuil still practices when removing an ulcerating tumor of the breast, or any other superficial region. At the same time measures should be taken for disinfecting any ulcerating surface.

Immediately the tumor is removed, the cavity resulting should be carefully washed with a strong antiseptic solution. This may not be very easy in cases of sinuous irregular cavities, as in Verneuil's two cases before-mentioned, and especially in the second one, in which the new growth was insinuated amongst the muscular interspaces of the thigh. In a like case it would not only be prudent to powder freely the surfaces with iodoform, but also to lightly pack the cavity with iodoform gauze, and to permit the cutaneous wound to be widely open, nothing being more dangerous than the retention of the products in a deep wound. Doubtless it is necessary under these circumstances to wait longer for the healing process, but this is quite a secondary consideration.

The present notice has for its object the presentation of evidence on a point of clinical bacteriology, and not the opening up of a question in operative medicine; to indicate concisely some preventative measures; to show plainly that our researches are less speculative and theoretic than some sceptics pretend to think. They are, on the contrary, of undoubted utility and direct application to surgical practice.

In conclusion, it is desired to point out an unsought but nevertheless established agreement between clinical observation and experiment. If the first has revealed the infectious properties of microbes situated in certain neoplasms, the second has led the author to similar conclusions with Dr. Lampiasi-Rubino, director of bacteriological studies in the Hospital of San Antonio of Trapani.

In an interesting monograph which he has been good enough to address to the author, this honorable surgeon contends that the results of numerous and varied experiments show the parasitic

origin of cancer. Verneuil, however, does not adopt the conclusions relative to the constant existence of a special characteristic bacterium in all malignant tumors; that the micro-organisms are also found in the blood of cancerous subjects, and that by culture and inoculation bacteria can be produced which are as much the first cause of cancer as the bacillus is of tubercle, but maintains certain experiences which confirm his observations at the bed side. In inserting cultures of neoplastic bacteria under the skin or into the peritoneal cavity of rabbits and dogs, Dr. Lampiasi-Rubino expected to see malignant tumors develop themselves at the points of inoculation. There was nothing of the kind, but for the most part, the animals succumbed more or less rapidly, with signs of infection, and without the autopsy showing noticeable visceral lesions, except that the blood was full of micro-organisms which were reproduced in the bodies of animals into which the blood was inoculated, to the author's mind proving no more than the infective and pyogenic properties of the bacteria in question.

Conclusions.—(1) The tissue of malignant new growths, cancers, sarcomata, epitheliomata, etc., may be invaded at any given time by several microbes of which we can as yet determine neither the origin, species, nor number.

(2) This invasion, of which the causes and mechanism are equally unknown, may remain for a longer or shorter time latent, but also, in certain cases, may effect in the growth and nutrition of tumors several modifications, amongst others, rapid growth, softening, and ulceration.

(3) Microbes are not found in all neoplasms of the same kind, and not in all parts of a growth already invaded. They are not found, for example, in lipomata or pure fibromata, nor in commencing sarcomata or cancers of slow growth, or at the condition of growth when the skin covering is healthy. They are, on the contrary, found almost constantly in growths softened or ulcerated.

(4) These microbes, beyond their

irritant, phlogistic, and pyogenic action, which they exercise locally on the tissue of the invaded tumor, possess other pathogenic properties which are able to act injuriously on the whole system. Thus, they are, in all probability, capable of setting up a fever, more or less intense and irregular, when they are still confined in a tumor in process of rapid growth or softening.

Further, during the removal of a tumor which contains them, they can, when mixed with the fluids contained in the softened points, become spread over the operation wound, and, contamination it, so infect and inoculate it as to set up a septicæmic fever capable of causing death.

(5) The knowledge of this last fact, besides pleading in favor of early ablation of malignant growths, so desirable from all points of view, suggests to the surgeon certain preventative measures during and after the removal of growths infected by microbes.

—DEAKIN, *Medical Chronicle*.

CARCINOMA.

The question of the possibility of changing a benign neoplasm to a malignant tumor by meddlesome interference is up for discussion. This time the subject is started by the laryngologists, some of whom are convinced that simple laryngeal papilloma may be rendered malignant by rude and frequent attempts at removal. If we remember, this was one of the dangers which Mackenzie feared early in the treatment of the case of the late Emperor of Germany, and although at the time the idea was ridiculed, still the fact that the matter is discussed is an evidence that some influential surgeons are in accord with him. At any rate, right or wrong, it is an important point to settle, and should not be disposed of until we are persuaded in one way or the other. It is a little unfortunate, perhaps, that the laryngologists are the most exorcised, because they are inclined to base their opinions upon the appearance and behavior of disease in the larynx, which of all the organs of the body would be most liable to present

such transformation, if the thing were possible. A laryngeal papilloma either sessile or pedunculated may be, as everyone knows, malignant or benign, and perhaps mixed. The body of the tumor may be a simple hyperplasia of connective submucous tissue, infiltrated with inflammatory products and leucocytes which, under the microscope, may show no evidence of cancer, yet this apparently innocent growth may spring from a decidedly cancerous base. Therefore, it is impossible for any pathologist to determine from an examination of a piece cut off such a tumor its nature, unless by chance the instruments have gone deeper than usual. An epithelioma is often the immediate result of irritation, and may undoubtedly arise at the base of a simple papilloma of the skin. A small tumor on the skin of the face, of years' standing is benign, but if the individual pick at it, as he will often do from habit, he can through mechanical irritation start a malignant growth. Apart from the scientific aspect of the question then, it would be best to remove all such growths, tumors or warts, whenever they become a plaything for a person over middle life.

Given a simple papilloma on a vocal cord, at every breath it is moved on its base; its presence excites cough; consequently it is continually disturbed, irritated, inflamed and perhaps eroded; such continued irritation can induce a dangerous ingrowing of the epithelium at its base, and the starting of a malignant tumor. Admitting the possibility of such an occurrence it is easy to appreciate the reason of the present discussion, and still side with the majority, that the simple transformation of a benign neoplasm to a malignant tumor is impossible. When such apparent transformation takes place within the larynx, it is probable that it was cancer in the beginning or that its presence has excited the growth of an epithelioma in its immediate neighborhood. These probabilities are of importance in the treatment. The moment a tumor is discovered on a vocal cord it must be removed and its base destroyed if possible. The multiple attempts to burn away such a growth

are dangerous in more than one respect. Unless the tumor is destroyed at one or two sittings the cautery simply stimulates it to renewed growth, broadens its base and renders it more difficult to remove by cutting instruments. Tumors of the larynx in middle life are dangerous; in the majority of cases they are malignant and demand the most formidable operations. Benign growths because of their locality are dangerous also, and should be removed at all hazards: the sooner the better.

—*Canada Lancet.*

THE SURGICAL TREATMENT OF HEPATIC ABSCESS.

M. Rickman J. Goolee has published several lectures on the "Surgical Aspect of Hepatic Abscess," the treatment of which he summarizes as follows:

1. Pyæmic abscesses do not call for surgical interference, or, if in rare cases one should point, it is only opened to relieve symptoms, but without hope of doing permanent good.

2. The same observations apply to abscesses resulting from suppurative phlebitis of the portal vein.

3. Multiple abscesses associated with dysentery or ulceration of the bowels are very unfavorable for surgical treatment. They must, however, be opened and treated on the same lines as the single or trophical abscess, because they cannot be certainly diagnosticated.

4. Single abscess of the liver, whether trophical or not, must, if it approach the surface, be opened, the following precautions being adopted:

(a) If it presents at the epigastrium, the presence of adhesions must be ascertained before incising the liver.

(b) If through the chest wall, a spot must be chosen below the normal limit of the pleura; but, if by chance either pleura or peritoneum be opened, the opening must be closed with a double row of stitches before incising the liver.

(c) Strict antiseptic precautions must be throughout adopted, either carbolic acid or some slightly soluble salt of mercury being employed for the dressings.

(d) The tube must be of large size at first, and a tube of some sort must be kept in until the discharge is reduced to a very minute quantity.

If the abscess has burst into the lung, pleura, pericardium, peritoneum, or kidney, and the position of the abscess can be clearly determined, it must be opened without delay. If the position of an abscess be only suspected and the patient be losing ground, it is right to puncture the liver in the most likely situations, bearing in mind that, though usually quite harmless, a slight amount of risk accompanies this very trivial operation. This rule applies to cases in which the abscess has ruptured into any of the cavities enumerated above. If, on the other hand, whether the abscess have ruptured or not, there are no means of diagnostivating the whereabouts of the matter, and the patient be not losing or even gaining ground, the surgeon should hold his hand for a time.

5. Hydatids of the upper and back part of the liver are to be treated upon the same lines; but in cases of this sort, and in those of sub-diaphragmatic abscess, it must be remembered that the diaphragm may be pushed up to a very great height, thus closely simulating intrapleural suppuration.

6. Empyema, pericarditis, and peritonitis caused by rupture of an hepatic abscess or hydatid must be promptly dealt with on general principles.

—*British Med. Journal.*

SKOLIOSIS.

Prof. Albert entertained the Surgical Society last week with a long paper on the *Rotation* and *Torsion* theories; the former advanced by Meyer, the latter by Lorenz, Engel and Hütter as the proximate cause of lateral curvature of the spinal column. Prof. Albert said that Nicoladoni had violently attacked the torsion theory as an optical illusion, which vanished with a correct anatomical examination of the spinal vertebræ. Nicoladoni endeavored to prove his opinion by a mathematical plane in the vertebræ, taking for his central point the middle of the anterior fascia longi-

tudinalis, and showing that this anterior middle point was inclined towards the concave side in skoliosis. Again, if this anterior middle point be joined with the posterior middle point no trace of torsion can be seen. His opinion is that an intervening vertebra, or two, become bent, thus producing an asymmetry of the column that progressively increased by the super-incumbent weight. Prof. Albert then proceeded to criticise the two theories, and thought that Nicoladoni's measurements were as false as if he were to calculate the equality of the lower jaw or the pelvis by measurements from the symphysis. When the sides are unequally developed, the anatomical *emissarium* must be accepted as the correct middle point which Nicoladoni rejects. If this emissarium be taken posteriorly, and the centre of the fascia anteriorly, the body of the vertebræ will have an anterior convexity and a posterior concavity, and no asymmetry of the lateral half, but rather an obliquity. Another fact may be noticed in connection with skoliotic columns, that the vertebræ on the concave side is broader in accordance with the principle of development, that the thickness is reduced when breadth is increased.

He then directed his remarks to the earlier observers, and related symptoms in harmony with the lowering of the posterior side to the anterior, where the articulate process became more erect, and the spinous process became almost horizontal. Albert acknowledges that the symptoms of torsion are manifested by the obliquity of the vertebral body and the disappearance of the roots of the arches, but still considers it incorrect to be altogether due to torsion.

—*Med. Press and Circular.*

SOME POINTS ON THE REDUCTION OF HERNIA.

In a paper read before the Medical Society of the County of Kings, the author gave the following description of a method of taxis which has been effective in his practice for many years:

Grasp the hernial tumor with the right hand, and then make gentle traction; the hand compresses the hernia

and its contents, and liberates the neck of the sac in the constricting canal. And then two effects may follow: Some of the contents of the sac are expressed into the abdominal cavity. This may be the contents of the intestine—the special fluid of the sac, or the intestine itself, especially if it is not adherent to the sac; or the sac and its contents may begin to be reduced. The surgeon cannot make this gentle traction without compression, and the compression tends to expel the contents of the sac, as well as the sac, when it has not formed adhesions to the tissues around it. And what is more, the gentle traction tends to straighten out that part of the hernia just external to the canal that contains the neck, and the effect of this is to remove the folds which overlap and prevent successful reduction. And then another expedient may be put in operation. The thumb and fingers of the left hand may grasp the parts of the hernial tumor just external to its exit from the abnormal opening, and this for two purposes: one, to prevent the hernial sac from folding over and, as it were, away from the hernial canal; the other, to guide the hernia more directly to the external opening of this canal. And when these purposes are accomplished, such traction as we have made may cease, and then more or less firm pressure with the right hand may be made in such a direction as to cause the hernia and its contents to move toward the opening whence it came. The hold of the constricting tissues has to be loosened by gentle traction; some of the hernia may have been reduced; the folds of the sac have been removed; the thumb and fingers of the left hand guide the hernia toward its exit; the reasonably firm pressure induces more and more of the hernia to return to the abdominal cavity; and finally the reduction is complete, and the patient is relieved of pain and distress.

Generally such a result can be obtained without an anæsthetic. In a few cases the author has employed an anæsthetic, mostly in sensitive patients. In the first place he makes a reasonable effort to reduce a hernia, and then, on failure, gives an anæsthetic; and if he

does not succeed then he operates. The great majority of cases of hernia which he has been called to see have been reduced without an anæsthetic, and by the method above described. Of course a real irreducible hernia requires an operation, and the sooner the better.—WIGHT, in *Brooklyn Medical Journal*, January, 1889.

THE STRANGE ORIGIN OF A BRAIN-ABSCESS.

One objection urged against the acceptance of the germ origin of disease is, that in many cases processes which are ascribed to the presence or the agency of bacteria are observed in situations to which bacteria could hardly by any conceivable means penetrate. Careful observation is showing, however, that certain disease processes are invariably set up by infection through the skin or the mucous surfaces of the body, the most devious and unexpected tracts of infection being brought to light by post-mortem study.

In the *Archiv. für Klinische Chirurgie*, B. 39, H. 2, S. 269, a very striking illustration is given, as related to Dr. Rinne by Dr. Grawitz. A patient died of purulent basilar meningitis. At post-mortem a purulent infiltration of the pia mater was found in the left middle fossa of the skull, quite definitely circumscribed, and without any perceptible connection with the ear. The suppurating led, however, toward the left sinus cavernosus, which, being opened, was found to be full of pus. A specially noticeable purulent infiltration, already in the first stage of resorption, could be traced in the sheath of the nervous trigeminus. The second branch of the trigeminus (the superior maxillary), appeared to have led the disease-process into the cranial cavity. Upon investigation, it was learned that when the patient was in the hospital, about two or three weeks before, he had had a furuncle on the face exactly over the point of exit of the left nervous infra-orbitalis (which is composed of branches of the superior maxillary). At the time of the post-mortem, the furuncle, as far as outward appearances went,

seemed to be healed. It was the common opinion of Dr. Grawitz and the other physicians present that the furuncle had been the starting point of the infection and that, without a post-mortem, no one would ever have suspected the progress of the disease-process in the sheath of the second branch of the trigeminus.—*Maryland Med. Journal*.

THE TREATMENT OF STRICTURE OF THE URETHRA BY THE RE- TENTION BOUGIE.

Dr. Gueterbock (*Deut. Zeitschr. f. Chirurgie*) has treated several cases of urethral stricture successfully with the bougie à demeure, which should not be confounded with the catheter à demeure. This method has also been employed by Langenbeck and Hartmann. It consists in introducing a fine bougie—a filiform if necessary—which is not so large as to completely fill the lumen of the stricture, and permits the urine to escape at its sides. The instrument is allowed to remain for two days, in which time it is usually possible to be a full-sized bougie. This plan of treatment is somewhat different from the ordinary method of urethral dilatation. In the latter, the result is due to pressure or slight superficial laceration of the stricture, in the former to a continued localized irritation which causes a softening of the cicatricial tissue. Hence for strictures requiring immediate and forcible dilatation this method is not applicable, while it is also contraindicated in cases in which there is extensive formation of callous tissue, a purulent condition of the urine, with the presence of tight strictures. The method is indicated:

1. In cases in which the urethra is very sensitive, so that the frequent introduction of instruments is to be avoided.

2. In injuries of the anterior urethra, resulting from the use of instruments, especially if false passages are present.

3. If the introduction of instruments is difficult on account of the nature of the stricture (valve-like condition).

4. In cases where it is desired to

rapidly dilate the stricture without resorting to divulsion or urethrotomy.

The instrument should be employed under strict antiseptic precautions, the urethra being previously cleansed of blood, mucus, and pus. The injection of cocaine is sometimes of value.—*International Journal of Surgery.*

CATARRHS OF NERVOUS ORIGIN.

In some of these cases (*Deutsch. Med. Zeit.*) it is impossible to say which is cause and which is effect. It is, however, certain that many catarrhs are due to central causes. In neurasthenia, hypochondria, and hysteria, there are frequent attacks of enteritis and gastritis, which are made worse by excitement, over-fatigue, etc.

Obstinate cases of jaundice are occasionally noted as due to nervous causes. Catarrhs of the naso-pharynx are often accompanied by nervous symptoms. Laryngeal and bronchial catarrhs, as well as catarrhs of the vagina and uterus, are frequent accompaniments of hysteria.

When these catarrhs are of central origin, local treatment is of secondary consideration. If, however, the nervous symptoms are due to a reflex from the catarrh, then both local and general treatment is in order.

—*Times and Register.*

DOES DISEASE STRENGTHEN THE SYSTEM?

Any disease which leaves a chronic lesion or an incurable inflammation of any part of the body is an injury.

But a disease from which one entirely recovers may add strength to the system. The well-known fact that most zymotic or contagious diseases protect a person from any future attack of that special disease is a proof in point. A common cold, if entirely recovered from, affords a kind of gymnastic exercise for the lungs. The very effort that the muscles and air-cells make to throw off the disease strengthens those muscles and expands the air-cells. This, of course, is only the case where the cold is entirely cured

and the system has regained its normal vigor before a new disease is contracted. "It is the feeble folks who live to be a hundred years old," said an old physician of long practice and observation. This, at least, is often the case, and doubtless the toughening process through the many battles with and victories over disease has much to do with this fact. They have become inoculated and fortified against so many diseases that they seem proof against the grim monster himself.—*Boston Medical and Surgical Journal.*

APPENDICITIS.

A. Worcester (*Boston Medical and Surgical Journal*) believes that true appendicitis ends in gangrene and perforation, and that the so-called appendicitis, which is sometimes cured without surgical interference, is really but a peri-appendicitis. He strongly advocates an early operation, citing the fact that out of eight cases treated at the Waltham, Mass., hospital, during the past year, all but one recovered under operative measures. In the one fatal case, the operation was not permitted early enough.

DIPHTHERITIC TONSILLITIS.

Gooch (*British Medical Journal*) describes an outbreak of diphtheritic tonsillitis at Eton College, in which several important observations were made. The history of the attack gave the following facts:

1. Infected milk caused the disease.
2. The water in which vessels were washed was not in fault.
3. Disease germs pass through the system of the cow, and are excreted in an active condition.
4. Boiling the milk destroys the vitality of the germs.
5. The disease was distinct from diphtheria, scarlatina, or tonsillitis.
6. It was not infectious, as no one took it but those who used the unboiled milk.

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HERPES PROGENITALIS.

Herpes progenitalis is an important, though relatively harmless, disease. Its importance depends chiefly upon its frequent occurrence, the greater or less amount of local irritation which it sometimes produces, and its demoralizing effect upon the mind of the patient. As is well known, it consists of a development of small vesicles filled with a watery, sometimes sero-purulent, fluid upon the skin or mucous membrane of the genitals. It is rarely seen in the female, although in Hebra's *Atlas* there is an excellent representation of the disease as occurring in a woman. According to Unna, the disease is not so very infrequent in women—this accords with my own experience. Dr. Duhring states that he has never seen a single case in women. It is possible, as Unna says, that women are as susceptible to herpes as men, and if this be true, the reason for its apparent rarity must be the protected situation of the lesion which prevents their being readily discovered.

According to Legendre, Fournier, and Bruno, the coincidence of an herpetic eruption with menstruation is by no means infrequent, and in some women it comes on two or three days prior to each menstrual epoch. My experience is limited to a single case in which a lady suffers considerably at each menstrual period from a crop of herpetic vesicles and ulcerations about the inferior commissure of the vulva. They are very annoying from the pain and smarting which attend them, the act of urination being particularly distressing. With some attacks there occurs marked œdema of the genitals.⁽¹⁾

The diagnosis of herpes progenitalis is, in uncomplicated cases, comparatively easy. There is in most cases a

history of recurrent crops of vesicles and minute ulcerations perhaps independent of sexual intercourse. There will be no definite relation in the large proportion of cases to any particular act of intercourse—even when due to irritating materials deposited upon the mucous membrane during uncleanly coition the affection follows at variable intervals, in some instances the eruption appearing within a day or two, and in others not until the lapse of as many weeks. When the lesions have become ulcerated a diagnosis is often difficult.

The cause of herpes is usually said to be local irritation, but I am convinced, from personal observation, that by far the greater majority of cases are dependent upon a neurosis—the disease in this respect strongly resembling herpes zoster. Some patients of a highly irritable, nervous temperament, who are readily subject to nervous depression, and who perhaps suffer from more or less general debility, are affected at variable intervals with successive attacks. Malarial infection may produce herpes progenitalis as well as herpes in other situations. Unna is inclined to regard the disease as a rudimentary form of herpes zoster, and calls attention to the limitation of herpes zoster and herpes progenitalis to the peripheral points of distribution of nerves. The same author gives as other causes of herpes a disturbance of the parts incidental to pregnancy and menstruation in the female; uncleanness, decomposing secretions, hot weather, obesity, forcible attempts at intercourse, impeded erection due to redundant prepuce, excessive venery, and masturbation; these various causes giving rise to successive congestion of the genital organs, which the author believes to be the essential condition upon which herpes progenitalis depends. Imperfect or perverted sexual hygiene is peculiarly apt to give rise to more or less congestion of the genitalia with attendant disturbance of the delicate nerves supplied to these parts. That this condition of affairs may give rise to trophic changes in the mucous membrane and skin, as evidenced by

¹ An interesting case of herpes, apparently dependent upon menstruation, recently came under my observation, in which the eruption instead of being located upon the genitals appears between the fingers. It comes on a few days prior to menstruation, and lasts for a day or two after its cessation. During this time considerable neuralgic pain in the arm is complained of.

the occurrence primarily of vesicles and secondarily of ulceration, is highly probable.⁽¹⁾

There has been, so far as I am aware, no mention made by any of our numerous writers of the possible causal relation of syphilis to herpes progenitalis. I am convinced, however, from practical observation and experience, that many cases are directly dependent upon the syphilitic cachexia. I find quite a number of my syphilitic patients returning to me from time to time, with apparently typical crops of herpes upon the genitalia, which are obstinate to all local measures excepting the application of mercurials. Tonic and mild anti-syphilitic remedies are also required internally. I attribute the herpes in such cases to several causes:

First. (In some cases) local irritability incident to a pronounced chancre or mixed sore which has initiated the patient in his venereal trouble.

Second. Disturbed innervation and consequent trophic changes, incidental to the effects of the syphilitic poison, excessive medication (especially with mercury) and mental worry, upon the sympathetic system.

In regard to the areas involved by herpes progenitalis, Unna states that it rarely affects the integument of the penis, scrotum, or thighs, being limited usually to the glans penis. He also states that the eruption almost invariably corresponds with the course "of the ramus dorsalis penis," a branch of the pudic nerve. As far as my own personal experience goes, I have not noted any regularity of distribution of the herpetic vesicles, and I have seen a number of cases of the disease which were limited to the skin of the organ. The pain of herpes progenitalis is usually insignificant; however, if urine be brought in contact with the small ulcerations left after the rupture of the vesicles, the part becomes exceedingly tender and much burning and smarting are complained of. The disease is apt

to occur about the borders of the meatus urinarius and occasionally just within the lips. I have one patient in whom a row of some half-dozen small herpetic vesicles develops upon the right side of the meatus from time to time, and another in whom there is an occasional development of herpetic spots just within the orifice of the urethra. In such cases there is considerable pain and smarting during urination, and the disease seems to develop coincidentally with nervous depression.

The two diseases for which herpes may be mistaken are chancre and chancroid. There is, of course, no difficulty in the differential diagnosis of herpes from typical chancre and chancroid when these diseases are fully developed, but in the incipient stages of these affections a mistake is very apt to occur. Fortunately, however, a few days' study of the case will generally clear up the diagnosis. Chancroid often begins as a small herpeticiform vesicle or perhaps as a group of vesicles or ulcers. This is probably due to the fact that the chancroidal virus or perhaps some other irritating material to which the parts are exposed during intercourse, produces herpes by simple irritation; chancroid developing at the sight of the herpetic lesions at a variable period of time thereafter. The same explanation is true of some cases of hard chancre. The "herpeticiform chancre" described by French writers is probably explained in this way. Unna has noticed a form of sore which is probably the so-called herpeticiform chancre. With reference to this point, he says:

"I know only two affections which, because of their form and rarity, may be mistaken for herpes progenitalis, but only during the first few days of their existence. Chancres in the male now and then occur on the inner surface of the prepuce, are benign in their appearance, and slowly involve the surrounding tissues, and these at first sight look like herpetic erosions. They are the chancres of Tyson's glands which develop as inconsiderable epithelial proliferations in small contiguous groups of sebaceous glands—usually a group of from four to six neighboring glands are attacked. The round follicular openings are eroded, abnormally patulous and acutely hyperæmic, so as to give the impression of an herpetic erosion. If a simple dusting powder

(1) I have under observation the case of a lady in whom herpes progenitalis develops coincidentally with pregnancy; indeed, she regards the herpes as pathognomonic of pregnancy.

is prescribed for this affection, the case drags on and the typical herpetic course being followed, slight periglandular induration becomes manifest, succeeded by glandular disintegration and confluent, rapidly spreading ulceration, all of which impress the physician that he is dealing with a soft chancre, the course of which was protracted by its unusual seat. These exceptional cases, from the favorite prognosis they may elicit, are apt to discredit the physician's ability."

In the cases in which true syphilis follows an apparently herpetiform lesion of the genitalia, there will probably always be found upon close inspection, if the case be carefully watched from day to day, a greater or less degree of chancroidal induration.

One of the reasons for the confusion that exists in the minds of physicians regarding the relation of certain atypical genital lesions to constitutional syphilis, is that they do not watch their cases with sufficient care and are prone to give a pronounced opinion in regard to the prognosis of such lesions without due consideration of the many sources of error. If these cases were more carefully studied, it is highly probable that the ranks of the dualists would be sadly depleted, and many of those cases of syphilis which have apparently followed simple, non-indurated lesions of a herpetic, ulcerative, or chancroidal character, would be found to have been preceded by induration of greater or less degree which developed after the simple sore had apparently healed, and at a time when the patient's attention was no longer directed to the local difficulty. Again, as will be seen when we come to the consideration of the diagnosis of syphilis, induration may appear and disappear within a short time and its presence escape attention, unless the case be watched with extreme care from day to day.

When herpetic ulcerations become inflamed they are apt to assume physical characters strongly resembling those of true chancroid. Indeed, I am of the opinion that under favorable circumstances herpetic and balanitic ulcerations, or, for that matter, ulcerations of any sort whatsoever, may become transformed into a mild type of chancroid. I make this statement with a full appreciation of the wide clinical differences

which exist between typical herpes and typical chancroid. I will, at this point, interpose a word of caution: Never give a positive opinion upon the character of herpes progenitalis, or, indeed, upon any apparently non-specific lesion of the genitalia in cases in which there has been a suspicious exposure within a sufficiently recent date, without stating plainly to the patient the possibility of there having been a syphilitic or chancroidal infection which will develop sooner or later, and which the physician has no means of detecting prior to the appearance of the specific sore.

The treatment of herpes progenitalis is, in the majority of instances, sufficiently simple, but in a certain proportion of cases the disease is very obstinate. Simple dusting powders or astringent washes are all that is required in the way of local measures, as a rule. The powder which I have found to be most efficient is the preparation of oleate of zinc prepared by Parke, Davis & Co. Other preparations I have found to be unreliable, as they tend to become lumpy, and, consequently, produce irritation. Calomel, oxide of zinc, subnitrate and subcarbonate of bismuth, and lycopodium, singly or in various combinations, are useful. A simple astringent wash of iodide of zinc, five or ten grains to the ounce, or alum, in a strength of twenty or thirty grains to the ounce, may be used as a lotion. It may be necessary to touch the herpetic spots with nitrate of silver. When the lesions are very painful, morphine or cocaine may be added to the dusting powder. The essential point in the treatment is to keep the parts clean and dry. In some instances circumcision is advisable. In quite a number of cases it will be found necessary to adopt constitutional as well as local measures: tonics, such as quinine, iron, and strychnine, and where there is much nervous irritability, bromide of potassium, are indicated. In some very chronic cases, arsenic will be found to produce excellent results.

In the solitary case of menstrual herpes which I have seen, the bromides, with very small doses of ergot for a week or ten days prior to the menstrual

period, have proved of some benefit, although the patient is still troubled more or less. In some cases of genital herpes in the male the occasional passage of a sound will prove beneficial as tending to relieve nervous irritability and congestion, to allay sexual excitability and, in a general way, improve the tone of the genital organs. I have seen a few obstinate cases which were apparently cured by matrimony. A few cases will be found to be absolutely resistant to treatment, but may at any time recover spontaneously.

—LYDSTON, *Medical News*.

UNNA'S TREATMENT OF TINEA TONSURANS.

Unna says (*Monatshefte für Prak. Dermatologie*, Dec., 1889): The hair around the affected area is cut off, not shaved. Then a band of zinc oxide and glue is painted across the forehead, above the ears, and around the back of the neck. Following this, there is spread upon the diseased scalp an ointment of:

Chrysarobin,	5 parts.
Salicylic acid,	2 "
Ichthyol,	5 "
Simple cerate,	100 "

A broad strip of gutta percha paper is passed around the head, so that the lower edge adheres to the oxide of zinc glue. This impermeable paper is then painted with glue, covered with a mull bandage, and over the whole is placed a flannel cap. Every twenty-four hours the cap and bandage are removed, the gutta percha paper cut, the scalp cleaned, smeared with fresh ointment, and covered as before. If the ointment finds its way through the dressings, it must be carefully wiped off, and the soiled portions thoroughly painted with oxide of zinc glue. When thus protected, the child may mingle with healthy children without danger of infecting them. In four days the outer dressings are removed, and the ointment replaced by a five per cent. ichthyol salve, which will relieve the superficial irritation caused by the chrysarobin. At the end of the first week, all the dressings may be removed and the scalp washed with oil

and soap. The diseased parts are seen to be of a lighter color than the surrounding skin. The entire treatment is to be repeated three or four times.

—*Canadian Practitioner*.

THE TREATMENT OF PHTHISIS BY VENTILATION.

At the last sitting of the Académie de Médecine M. Dujardin read a paper on permanent aération by the open window. He said that this question was already the subject of important experiments. In 1887 M. Dettweiler related before the Congress of Wiesbaden the result of his treatment of tuberculous patients by exposing them to the open air in the daytime and making them sleep with their windows slightly opened at night, no matter how rigorous the season. The advantage to the patients was very considerable. Lately MM. Daremberg and Pouzet made similar experiments at Cannes with very beneficial results, and he had known some medical men to say that this new hygienic treatment of phthisis was sufficient by itself, and no therapeutic treatment was necessary. However, this was an exaggeration, for the fever, the cough, the abundant expectoration, should be relieved by the remedies appropriate to each case.

—*Med. Press and Circular*.

BALSAM OF PERU IN PHTHISIS.

In the *Münchener Med. Woch.*, Landerer recommended the employment of balsam of Peru in a novel manner in the treatment of pulmonary phthisis. This was the intravenous injection of an emulsion of the balsam. The idea at the foundation of the recommendation was that the balsam reaching the blood current would be deposited principally in the parts affected, and there set up an inflammation that would act as a barrier against the progress of the bacillary disease. The conception of introducing an insoluble substance into the blood stream was a daring one, and practically it has not been acted on. Dr. Opitz, of Dresden, has more recently taken up the subject, and thinks he has

paved the way for a greater degree of acceptance by offering to substitute the interstitial tissue of the dorsum of the hand as the point of introduction in place of a vein. He claims that the emulsion is taken up by the lymphatics, and through them reaches the blood current, and thence the affected parts of the lungs. The emulsion recommended by him consists of gum Arabic, one gramme, dissolved in one gramme of water, this is then rubbed up with two grammes of pure balsam of Peru, and two of physiological saline solution (.075 per cent.). The mixture is then made up to ten grammes by adding more neutral solution. It is, of course, sterilized before use, and it is scarcely needful to add that the injections are always painful. Whether the condition met with at autopsies of patients thus treated proves that the balsam of Peru really reached the parts of the lung affected I am not in a position to say. Until Dr. Opitz can prove that balsam introduced into the system in this way really reaches the affected parts of the lungs and lodges there, scepticism on the subject will not, we hope, be considered unreasonable.

—*Med. Press and Circular.*

ARISTOL (*Provincial Med. Journal*) is an iodine substitution product of thymol. It is formed by the reaction of solution of iodine in iodide of potassium, with thymol in aqueous soda; a brown-red amorphous precipitate falls. It is insoluble in water, but may be rubbed into solution with fatty oils. It is not absorbed like iodoform. It has proved useful locally in mycosis, lupus, and psoriasis; especially the latter.

CHRONIC BRONCHITIS.

R. Tinct. Nucis Vom., . . . 1 drachm.
Tinct. Sanguinariae, . . . 1 drachm.
Kennedy's Ext. Pinus,
Can. (dark), . . . 4 drachms.
Syrup. Simp., . . . 4 oz.

Of this a drachm should be taken every four hours.

In Derry, N. H., flannel is distributed to the poor, a legacy having been left for that purpose.


THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, March 29, 1890.

The Week.

MEDICAL SOCIETIES.

The next annual meeting of the American Medical Association will be held in Nashville, May 21-23. This gathering is looked forward to with very deep interest, as one that is likely to be of great importance to the entire medical profession of this country. For, notwithstanding the echoes that every once in a while tingle in our ears of the shortcomings and supposed failure of purpose of this society, its work, if we take a clear retrospect of the past and contemplate, has been superbly grand. For nearly half a century it has been the great balance-wheel, that has regulated in a most efficient manner the standard of professional intercourse among many thousand physicians. Since the date of its organization there has scarcely been a medical society, from the great State organizations to the little company of five or six assembling in an obscure hamlet or village, that has not, as a prerequisite to membership, required a subscription to an endorsement and acceptance of the

code of ethics adopted by the American Medical Association. Thousands and thousands of these men never once attended its meetings, but unhesitatingly in this manner did a creditable act, and practically brought honor to themselves in subscribing to a professional code that bound them to observances of the strictest integrity in their intercourse one with another and with the people among whom they sought a professional career. In these years, when this wonderland was filling up with people, and increasing from little more than a score of millions to a nation of more than sixty millions of inhabitants, the American Medical Association has gone on from year to year as the one only great representative organization of general as well as special practitioners of medicine.

Under its encouraging auspices and stimulation medical education has kept pace with the long and ever-increasing strides made by those who engaged in scientific investigations, until the course of study demanded by nearly all medical colleges will compare most favorably with that given in any land. Carping critics have ever been ready to herald information of the little value of American medical college diplomas, and say they were obtained cheaply. Our very great desire is that all such doctors be required to pass a green-room examination in any medical college in this or any of our prominent cities. The process would produce a change of heart and opinion that would be as lasting as life itself.

Never have we been so favorably impressed with medical college work as this past winter and spring. This has been largely due to the evident careful preparatory education that was manifest among the young men, while personal inquiry revealed the fact that

a large majority of the students had pursued a collegiate course of literary and scientific study before taking up their medical studies. The moral, intellectual and professional influence of these young men locating here and there throughout the country cannot be overestimated, and nowhere will their influence be found more potent than in the local medical societies with which they will at once become identified.

Within the past year we have noted the premium at which youth was held in our professional societies. But a few years since young men were given to understand that a retiring modesty in demeanor and utterance was becoming, and in harmony with their lack of experience. The present marks a wonderful contrast. Young men are expected to come forward and take a front seat, and are encouraged to write elaborate papers on the results of their investigations and cultures.

Right here we want to say that the young man who hesitates to take up the challenge to show the depth and quality of the gray matter that is beneath his scalp and skull-cap is lost. There is no such thing as a stand-still; he must keep up with the procession, and if he can only get there, the going is very much easier and pleasanter in the front than in the middle or rear rank. The best way in the world to keep out of a crowd is to get right before it.

Spirits in society work don't do half as well as a good pace with staying qualities.

One of the reasons for the marvelous results in the proceedings of the American Medical Association has been its wonderful staying ability. A carefully thought out scheme, patiently but enthusiastically adhered to, is certain in the accomplishment of its purpose.

Unity of purpose with completeness

of organization produces an *esprit de corps* that has made some societies famous. This has been the tidal wave that has carried forward the great specialty societies, and given their work a world-wide reputation. Some local organizations just boom right along because of the energy and wisdom of their management.

The physician—be he old or young—who fails to identify himself with a local and State society is the man who is being left. He may not be cognizant of it, but all the same it is a fact, and some day, when circumstances oblige him to rub the sand out of his eyes, the lone and forlorn condition of his existence will strike him with all the glare of a noonday sun in the middle of the heated term. A painful dizziness will sicken him for the time, as he makes a struggling effort to comprehend the links that are missing from his chain of wisdom, that he had supposed were perfectly forged by his old teachers when he sat on the benches.

Sometimes this vertigo may be relieved by a personal union with a live society. This is the only known remedy—the only hope. If you are not a member, make haste and “jine the band.”

SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday evening, March 31, DR. J. M. WITHROW will report cases of “Hydramnion.”

CINCINNATI MEDICAL SOCIETY.—

April 1, 1890, DR. C. E. CALDWELL will read a paper entitled “Herpes Zoster, with Report of Four Cases.” Discussion by Drs. Wm. Carson, W. L. Mussey, and C. R. Holmes.

THE National Association of Railway Surgeons meets in Kansas City, Mo., on the first Thursday in May.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending March 22, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria.		Typhoid fever.		Croup not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	1											
2.....												
3.....							1					
4.....	7					1						
5.....			2									
6.....	1											
7.....								1			2	
8.....												
9.....			1									
10.....							3					
11.....							1					
12.....					1				1			
13.....							1		1			
14.....												
15.....	1		1					1				
16.....							1					
17.....												
18.....	1										1	
19.....												
20.....								1				
21.....							1				1	
22.....	3				2			2				
23.....												
24.....							5	1			1	
25.....							1					
26.....												
27.....						1						
28.....	1						1					
29.....												
30.....												
Cin. Hosp.	1											
Ger. Prot. Hosp.												
Totals	15	1	4		3	2	16	6	2	4	1	
Last week.	21		2		9	3	29	8	6	2		

The following is the mortality report for the week ending March 22, 1890.

Croup.....	1
Cerebro-Spinal Meningitis.....	2
Diphtheria.....	6
Entero-Colitis.....	1
Measles.....	1
Typhoid Fever.....	2
Whooping Cough.....	2
Other Zymotic Diseases.....	2—17
Phthisis Pulmonalis.....	16
Other Constitutional Diseases.....	6—22
Apoplexy.....	4

Bright's Disease.....	1
Bronchitis.....	14
Convulsions.....	3
Heart Disease.....	8
Liver Disease.....	4
Pneumonia.....	17
Other Local Diseases.....	19-70
Premature Birth.....	4
Other Developmental Diseases.....	8-12
Accidental.....	4
Suicidal.....	3-7
Deaths from all Causes.....	128
Annual Death-rate per 1,000.....	20.48
Deaths for corresponding week in 1889....	103
Deaths for corresponding week in 1888....	105

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 61 cities and towns during the week ending March 21, 1890:

Diphtheria: Cleveland, 11 cases, 2 deaths; Toledo, 5 cases, 2 deaths; Zanesville, 4 cases, 1 death; Nelsonville, 5 cases; Springfield, 4 cases; Columbus, 3 cases; 2 cases each in Chester Hill and Bloomville; 1 case each in Youngstown and Lancaster.

Scarlet Fever: Cleveland, 11 cases, 1 death; New Washington, 4 cases, 3 deaths; Zanesville, 3 cases, 1 death; Cambridge, 5 cases; 4 cases each, no deaths, in Columbus, Youngstown, Urbana, and Geneva; 3 cases each, no deaths, in Toledo, Chillicothe, Kent, and Uhricsville; 8 cases in Massillon; Ada, 2 cases; 1 case each in Geneva and Upper Sandusky.

Typhoid Fever: Cleveland, 3 deaths; Lorain, 2 cases; 1 case each in Youngstown, Ada, Clyde, and West Cleveland.

Whooping-Cough: Cleveland, 1 death; Ada, 32 cases; Kingstown, 20 cases; Nelsonville, 10 cases; Defiance, 6 cases.

Measles: Cleveland, 39 cases, 1 death; Massillon, 46 cases; Painesville, 60 cases, 1 death; Ada, 41 cases; Lorain, 8 cases; West Cleveland and Warren, 6 cases each; Defiance and Arcanum, 3 cases each; 1 case each in Bloomingburg, Versailles, Garrettsville, and Smithville; Metamoras, 4 cases.

No infectious diseases reported from the following places: Canfield, Clarrington, Edison, Starkville, Beverly, Wellston, Mt. Vernon, Hicks,ville, Salem, Bainbridge, New London, Carthage, Fostoria, Norwalk, Springboro, West Liberty, Rawson, Flushing, Higginsport, Miami Tp. (Logan Co.), Wabash Tp. (Darke Co.).

C. O. PROBST, M.D., Secretary.

MARCH well sustains her ancient reputation. She is said to come in like a lion and go out like a lamb; but, more often, follows the old deacon's precept, who said that she came in like a lion and went out like the devil.—*Ex.*

MISCELLANY.

MALPRACTICE IN FRANCE.

Dr. de Lignerolles, of Havre (*Le Scalpel*, No. 32, 1890), brought suit against M. Venancie for seventy-four francs for treatment of Venancie's wife. The latter, however, asked damages to the amount of 20,000 francs, charging L. with malpractice. He asserted that Dr. L. did not recognize the nature of the disease, and that he did not perform an operation, which would have saved the life of the patient if done in time; and he charged Dr. L. with ignorance and criminal negligence, etc. Dr. L. considered his reputation injured by this assertion, and also sued for damages. The court decided that M. V.'s charges were not substantiated. On the other hand, Dr. L. got judgment against M. V., the court finding that the charges of Dr. L. for services rendered were reasonable. The court also gave verdict for plaintiff in regard to the damage-suit, and sentenced M. L. to pay 500 francs damages to Dr. L., and to pay the costs.

FOR HOUSE-MAID'S KNEE.

J. S. Wright, in *Brooklyn Medical Journal*, advocates the following treatment for house-maid's knee: Lay open the sac completely by a vertical incision in front; evacuate the fluid; remove the rice-like bodies; excise the fleshy bands and cords; and cut out the vegetations. Then wash out the cavity with an aseptic lotion, and fill it with an aseptic dressing. Irritation, inflammation, granulation, and repair will take place one after the other, and the sac will be obliterated in about four weeks, leaving a permanent cure.

PROF. LOISETTE'S MEMORY SYSTEM is creating greater interest than ever in all parts of the country, and persons wishing to improve their memory should send for his prospectus free as advertised in another column.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

Translations.

STUDIES IN THE PATHOLOGY OF RETENTION OF THE URINE.

BY DR. GUYON.

A series of experiments on the retention of urine have been completed by M. Guyon, who has reported the conclusions arrived at to the Academy of Sciences, of Paris, as follows:

The excessive accumulation of urine in the bladder causes, throughout the urinary system, lesions which modify its functions and render it more susceptible to influences to which it would probably, in its normal condition, remain indifferent. Having on a former occasion demonstrated to what extent the bladder must be distended to favor the invasion of micro-organisms, we desire to-day to indicate its effects, immediate and remote, and to study the mechanism of its production.

Clinical experience has for a long while furnished us valuable information on this subject. This knowledge we have verified and extended, with the assistance of M. Albanam, by a series of experiments.

What are the causes and duration of retention existing in an aseptic state and without fever? The study of chronic incomplete retention has served to establish the fact that in subjects whose urine does not contain microbes there is no elevation of temperature; whereas, in patients presenting the opposite condition, we observed fever whose disappearance followed only repeated and continued evacuation of the bladder. By experiments it is possible to study only acute retention, which, however, confirmed the conclusions derived from clinical experience. Only animals whose bladder we infected before ligaturing the penis, had an elevated temperature. When fever, however, supervened without septic injection, we always ascertained the presence of microbes. When the ligature was loosened after a short time the fever abated and the animal recovered. In man retention is always accompanied with polyuria, and this is espe-

cially marked in incomplete retention. In acute retention, as, for example, in young subjects with prostatic abscess, polyuria becomes established as a result of repletion of the bladder. In animals we verified this fact by making successive punctures of the bladder. Congestion of the entire urinary tract follows in consequence of retention. With man, in acute retention somewhat prolonged the urine often becomes colored brown or red. In chronic retention, complete and rapid evacuation caused almost infallibly hæmaturia. In complete acute retention we were able to determine the existence of congestive hypertrophy of the prostate and kidneys. The volume of these organs, at first augmented, diminished rapidly under the repeated use of the catheter, and in certain cases, where retention is productive of hæmaturia, evacuation is the only treatment to be employed.

In experiments on animals, the most marked changes were to be found in the kidneys and bladder. Stasis not only existed, but interstitial and cavernous hemorrhages took place. The muscular coat of the bladder became separated, the epithelium raised and detached in places—a condition favorable to the absorption of septic materials. The engorged vessels formed a network which gave a scarlet hue to the internal surface of the organ, and the urine voided was black from its admixture with blood. The kidneys, increased in size one-sixth, presented important modifications of texture. In the kidneys the congestion led to the extravasation of blood. This, diffused between the tubes, penetrates into their interior, which causes a mechanical destruction of the epithelium, and as a result in the urine are found epithelial and hemorrhagic cylinders. In retention of long duration one observes *ektasis* and flattening, with a granular condition of the epithelium of the canaliculæ of the kidneys, and, as a consequence, functional impairment sets in. When the kidney undergoes excessive tension without distension, a diminution in the secretion and the amount of urea excreted is to be observed. The organ, having lost the

protection which the uretero-renal current and the continuous contraction of the muscular coat of the ureter affords it, becomes threatened. This preservative irrigation is diminished, then suppressed when retention is prolonged.

The difference in the composition in the urine of the ureter and that of the bladder is easily to be determined. In acute retention the urine from the ureters remains limpid, while that from the bladder is strongly colored. The urine of the bladder does not flow into the ureters. When stasis comes on the ascension of inert particles and microbes becomes, nevertheless, easy. Possibly, in this stagnant medium, where the normal currents of the ureters and bladder are suspended, in place of being ejected externally or cantoned in the bladder, they ascend and reach the kidney. Powdered charcoal and micro-organisms, introduced into a distended bladder, ascend, the one slowly and in small quantities, going only as far as the renal calices, while the other, in large numbers and with great rapidity, invades the kidney substance.

The stasis of the urine is the more complete when the contractility of the ureters and bladder is entirely abolished. In this respect, from our experiments, the contractility of the bladder suffers first, and that of the ureters subsequently. If the retention has not lasted over twenty-four hours, the contractility of the ureters may be regained by simply evacuating a part of the vesical contents and by electricity; when, however, it has been prolonged over this time there remains no remedy. The phenomenon is really not dependent upon the degree of vesical tension, although subordinate to it to a certain degree. It seems to be due to the same cause as that which produces congestion and polyuria. That the anatomical lesions and the physiological impairment are in direct proportion to the intensity and the degree of tension has been demonstrated experimentally in the acute state and by the result of observation in the chronic. It is the same influence, an identical mechanism, that produces the lesions and the functional disturbances. The tension, at

first purely vesical, becomes ureteral, then renal. When the bladder has been filled to its maximum capacity, the ureters, calices, and finally the renal canaliculæ, become in their turn reservoirs. They yield to the force of the urine which continues to be secreted but cannot be received into the bladder on account of its extreme fullness.

In acute retention our experiments prove that this dilatation is not reflex, but is in accordance with an anatomical discovery made by Halle, that is, that the vesical portions of the ureters do not participate in the enormous dilatation which takes place in the bladder. This organ, first affected, remains the sole seat of the trouble when the tension is not prolonged. According as the bladder is impaired does the superior urinary apparatus suffer. T. C.

CREASOTE AND MORRHUOL FOR TUBERCULOSIS.

Morrhuel (*Extractum Olei Morrhueæ Alcoholicum*), the active principle of cod-liver oil, may be justly looked on as the type of those remedies, used in the treatment of consumption, which act by inducing hyperalimentation. According to Professor Germain Sée, cod-liver oil is not only a nutritive, but owes its virtues to the active principle, which renders profitable and assimilable the carbo-hydrates and fats ingested. Besides the hyperalimentary remedies used in pulmonary phthisis, there are numerous specific remedies used in the treatment of that intractable disease, one of which is of incontestable value. This is creasote.

Koch's discovery of the tubercle bacillus has shown that the measures which are to prove curative in tuberculosis must be such as will either destroy the bacillus or overcome its deadly influence upon the human organism, and creasote, antiseptic and microbicide, is much less dangerous than many other drugs administered internally, whose action on the development of the bacillus is *nil*.

Dr. Sommerbrodt and Professor Penzoldt base their warm recommendation of the drug on eleven years' ex-

perience with some five thousand patients, and Sahli, of Berne, has shown that when the pure creasote (guaïacol) be exclusively employed it diminishes the cough, eases the expectoration, diminishes the secretion, and is most beneficial in the catarrhal stage. (*Correspondenz Blatt für Schweizer Aertze*, 1887.)

Dr. Beverly Robinson, in the January, 1889, number of the *American Journal of Medical Sciences*, speaks very highly of creasote, insisting on the fact that what is called commercial creasote has neither the color, the odor, nor the chemical properties of the best beechwood creasote, and from the uniformity of the medical evidence there is no doubt that when given under suitable conditions and in sufficiently large doses, a remarkable amelioration is induced by pure creasote, but the great obstacle to the use of this drug hitherto has been its caustic properties when in an undiluted form, and also its disagreeable taste and smell.

Recent clinical experiments in the Paris hospitals show that capsules containing *three grains of morrhuol with one grain of pure beechwood creasote (the richest in guaïacol)* in each are a convenient mode of administering these remedies, and that they give the happiest results where there is tuberculosis with corresponding defective nutrition. Whether the creasote merely assists the action of the morrhuol by favoring general nutrition is somewhat difficult to decide; there is, however, no question that the two combined give surprisingly good results.

Pure creasote with morrhuol (which is not fatty, although derived from cod-liver oil, and has all its remedial properties in a much greater degree) will considerably assist assimilation of the creasote; there is, besides, an evident advantage in getting the combined effect of two such eminently successful remedies as creasote and cod-liver oil.

Dr. Lafage, speaking of clinical observations on phthisical patients, says: "One of the most important and interesting features of *morrhuol créasoté* is the rapidity of its action. Nearly always after about eight days and

always after fifteen days a considerable amelioration was produced, commencing by a decrease in the expectoration and cough, and a return of the appetite; *it should always be remembered that the consumptive who eats and digests his food is capable of being cured.*

"The stomach rapidly accommodates itself to the remedy, and the dose may be increased to six or more capsules daily. This dose (six), which represents thirty centigrammes (six minims) of creasote and ninety centigrammes (eighteen minims) of morrhuol, should be continued for several months if the pulmonary lesions were grave and there have been serious cavities. The remedy induces solidification of the softened pulmonary tissues and prevents formation of further muco-purulent sputa, thus tending to produce sclerosis of the cavernous surfaces.

"Briefly, while partaking of the hyealimentary character of cod-liver oil and of the specific action of creasote, we have in "*morrhuol créasoté*" a remedy which proves to be of great value in the treatment of pulmonary phthisis, particularly during the first stages where no cavity has yet been formed.

"Not only does it lessen or cure cough, but the ravages of the bacillus and the wasting processes are arrested, the appetite improves, while it eases expectoration, diminishes the secretion of sputa and raises the general tone, only rarely causing nausea or disagreeable symptoms.

"It does not occasion hæmoptysis, relieves dyspnœa, promotes nutrition, arrests night-sweats, and is certainly an unobjectionable medicament."—*Tribune Médicale*.
M.

EPITHELIOMA ON A LUPUS BASE.

BY A. BLASCHKE.

The patient, a man thirty-six years old, had suffered since his fourth year with a lupus on the cheek, which had gradually extended over the entire left side of the face, nose, ear, and neck down to the sternum. A year previous, from the extent of the affection, surgical treatment was not to be thought of, and, therefore, Blaschke treated one

part after another with 10 per cent. pyrogallic acid, and obtained as a result a surface covered with a beautiful smooth cicatrix, on which small islands of lupus papules remained. On the left cheek from its earliest years there had been established a suppurative process, which would remain for months and then cicatrize, only to begin anew during the winter. There the surface became smooth and flat, while the surrounding part, red-brown and very swollen, was covered with numerous papules. After some months' treatment the patient remained away for a time. On his return the ulceration in this spot had begun again, but healed, with the exception of a small place, under the same treatment. The year after the patient returned with a somewhat larger ulceration on the left cheek. This had increased rapidly in size during the last week, and had taken on an entirely different appearance. A large tumor, with edges swollen to an extraordinary degree, now developed, and in three weeks the growth increased to three times its former size. A rapid breaking down in the center now began to take place, which caused the author to suspect its malignancy. A microscopical examination of a detached particle confirmed this opinion. The tumor was perfectly movable, nowhere adherent, and the glands in the vicinity in no wise swollen. The patient's condition was otherwise good. The preparation showed the growth to be of an epithelial character, but differed from a typical epithelioma in that the cones which grew from the epidermis and extended into the cutis formed neither large nor thick but extremely fine processes, which formed in their divisions a very fine net-work. B. was struck by the richness of elastic fibres which had previously offered such resistance to the destructive process of the lupus.

In a clinical connection it is to be observed that, in a debate which took place fifteen years since in the Berlin Medical Association, on lupus-carcinoma, the general opinion was then that this was a very rare occurrence. Bardeleben stated that in 1,000 cases of lupus he had never seen one undergo car-

cinomatous degeneration, while Langenbeck, in the last years of his practice, observed only three cases. Therefore this affection is of great interest to the dermatologist. Since the year 1830 there have been recorded only thirty-eight cases. These taken collectively were proportionately benign, running their course without cachexia or glandular swelling, and without metastasis. The prognosis in these cases was generally considered favorable.—*Deutsche Medizinal Zeitung*, 1890. T. C.

SKIN WRITING.

C. FERE AND H. LANEY.

Fere and Laney give the title "skin writing" to the phenomenon generally described under the term "induced urticaria." This consists in the development of raised lines in certain subjects as a consequence of the passage over the skin of any hard substance, *e.g.*, a paper-knife. These lines, of alternating red and white hue, present a nettle appearance, and persist for a period varying from twenty minutes to seven hours. This phenomenon, described by Gull, Dujardin-Beaumetz, Chambord, and others, is much more frequent than generally thought to be. Fere and Laney have been able, in experimenting on 130 epileptic and nervous subjects, to produce it seven times to a high degree, eighteen times to a lesser degree, and twenty-one times feebly. It is most easily induced upon the integument of the thorax, and especially on the back. The subjects who present this phenomenon are not attacked with urticaria as a consequence of the ingestion of aliments which habitually cause its development.—*Gazette Hebdomadaire de Med. et de Chir.* T. C.

CASE OF GANGLION OF THE PENIS FOLLOWING TRAUMA OF THE ERECTED ORGAN.

BY DR. S. RONA.

Circumscribed thickening of the corpora cavernosa penis has not seldom been observed as a final result of acute inflammatory processes, *e.g.*, violent

urethritis, in consequence of ulcer, malformation, etc. Besides these, there has been described others, mostly nodules, occurring in old people. The connection of them with some previous inflammation cannot be supposed, but their origin, according to the patient's statement, follows more often an extraordinary erection or exertions made during coitus. A case belonging to the last category the author reports in a man fifty-three years old. In this patient were found in the right and left corpus cavernosum circumscribed cartilaginous nodules. A third, similar to these, about three centimetres in diameter, embracing both corpora cavernosa and extending into the septum, was situated at the root of the penis beneath and anteriorly to the symphysis. All these nodules lay immediately beneath integument, and, for the greater part, in the albuginea itself. Corresponding to the posterior swelling, the penis in the erected state presented above a decided crooked appearance. The nodules were plainly of a connective-tissue nature and resisted all treatment. They owed their origin to abnormal excitement and coitus performed in an unsuitable posture, which probably led to the rupture of some blood-vessel, and even partially of the tunica fibrosa itself.—*Budapest. Monatsch. f. Pr. Derm.* T. C.

ADVANTAGES OF IODOFORMIZED GAUZE IN DILATATION OF THE CERVICAL CANAL.

1. It drains the uterine cavity by capillary action, instead of confining septic fluids, as do dilatable tents.
2. It does not tear the mucous membrane of the uterus, and thus afford a ready channel for septic poisoning.
3. In but a small proportion of cases is there severe pain after its introduction.
4. It can be used with perfect safety in the office.
5. It is easy of application.
6. Its use is entirely devoid of danger if ordinary antiseptic precautions are used.—HAYNES, *Southern California Practitioner*.

Bibliography.

INSOMNIA AND ITS THERAPEUTICS.

By A. W. MACFARLANE, M.D. London: H. K. Lewis, 1890.

Insomnia is a disease—or perhaps more properly speaking, a symptom of disease—that has had but scant attention from writers on medicine. For that reason, if no other, the author of this book has done a good work in giving our profession the results of his studies in this particular field.

The introductory chapter is on the physiology of sleep. Succeeding chapters are devoted to a definition of insomnia and its value as a symptom, with physiological and pathological facts appertaining to sleep and the conditions which influence sleep and sleeplessness; insomnia depending upon affections of the nervous system; insomnia depending upon affections of the alimentary canal; upon affections of the liver; gout; affections of the circulatory system and respiratory system; depending upon febrile and general diseases; upon affections of the urinary system, and diseases peculiar to women. The author not only graphically describes the affection of which he writes, but along with it he gives the particular treatment, with prescriptions, indicated.

A TEXT-BOOK OF OBSTETRICS. Including the Pathology and Therapeutics of the Puerperal State. Designed for Practitioners and Students.

By F. WINCKEL, M.D., of the University of Munich. Translated from the first German edition by J. CLIFTON EDGAR, M.D., of the University of New York. With 100 illustrations. Philadelphia: P. Blakiston, Son & Co. For sale by Robert Clarke & Co. Price \$6.00.

Dr. Winckel is not only well known as a teacher of the first rank, but his work on "Diseases of Women," translated by Prof. Parvin, in connection with this, his most recent production, places him high up on the ladder as an author. The most notable thing in this work is the great number of new illustrations. The next to attract attention

is the author's opportunity and ability to record the cases seen in his own private practice as well as those of his father and grandfather. These observations embrace a series of more than twenty thousand cases, more than six hundred of which were purely operative, occurring in his father's practice, while seventeen thousand two hundred are taken from his own clinics. These numbers seem almost incredible. The historical introduction is worthy of a place in the classics of medicine, while the references all through the work to the literature of the subject as found in the English and other languages indicate the extent and breadth of the writer's culture and studies. In every sense the work is a new book, and not written as a revised edition of some previous writer's production. The most advanced knowledge of every element in obstetrics is clearly set forth, and in a most attractive manner.

TRANSACTIONS OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Vol. II. For the year 1889.

This organization held its last meeting in this city. The proceedings were published in the LANCET-CLINIC in full, with some of the most valuable papers read on that occasion. The volume is handsomely issued, and its contents are a credit to the society.

HAND-BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS. Including the Physiological Action of Drugs, the Special Therapeutics of Disease, Prescription Writing, etc.

By SAMUEL O. L. POTTER, M.D. Second edition. Revised and enlarged. Philadelphia: P. Blakiston, Son & Co. For sale by Robert Clarke & Co. Price \$4.00.

This good-sized volume, which the author has dubbed a hand-book, with this edition fairly assumes the proportions and character of a very comprehensive text-book. The arrangement is excellent, and while not so elaborate as that given by some writers, we find it in every instance to contain a concise

statement of all that is necessary either for the use of the student or the practitioner. Practically, it is a book of essentials, and indicates a degree of painstaking labor on the part of the author, in the way of expunging all unnecessary verbiage, that is of itself highly commendable. The wheat seems to be all there.

THE STUDENT'S SURGERY: A Multum in Parvo.

By FREDERICK JAMES GANT, F.R.C.S. Philadelphia: Lea Brothers & Co. For sale by Robert Clarke & Co. Price \$3.75.

While we are not inclined to look with much favor on books of this class, we cannot but express a favorable opinion of this volume, which is a very carefully prepared, boiled down edition of one of the large systems of surgery. The illustrations are excellent, and the book will be found very useful to those who have not the means to obtain a large treatise. As it is elementary in character, it is especially useful for students.

SAUNDER'S QUESTION COMPENDS.

By EDWIN B. CRAGIN, M.D.

ESSENTIALS OF GYNECOLOGY.

By HENRY W. STELWAGON, M.D.

These little books are exceedingly convenient for students, and much more useful than lecture notes. For quiz classes they are just the thing.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY.

By G. A. LIEBIG, Jr., Ph.D., of the Johns Hopkins University, and GEO. H. ROHÉ, M.D., of the College of Physicians and Surgeons of Baltimore. Profusely illustrated. Philadelphia: F. A. Davis, 1890. Price \$2.00.

In these latter days, when nearly every one is more or less interested in the development of the natural sciences, physicians find it necessary to have not only a general but in many instances a very exact information of the latest discoveries; especially is this the case in the unlimited domain of electricity—this source of heat, light and wonderful power, that claims the entire earth as a magnet. Drs. Rohé and Liebig have

done good service in giving us a book that is neither cumbersome nor expensive; that clearly sets forth the present knowledge of electricians of this subtle agent, and especially in its applicability to the treatment of medical and surgical diseases. The book is a good one to have for reference in any library.

INFLUENCE OF ALCOHOL ON THE DIGESTION OF HEALTHY PERSONS.

The author (E. Blumenau *Bulletin de Thérapeutique*) studied this important question in the clinic of Professor Kochlakoff, at St. Petersburg. The experiments were made on five young and healthy persons, aged twenty-two to twenty-four years. Ten to twenty minutes before meals they were given one hundred cubic centimeters of alcohol of a concentration of from 25 to 50 per cent.

The following results were obtained:

1. Under the influence of alcohol at the beginning of digestion, the gastric

juice acts freely. The acidity of the gastric juice, the quantity of hydrochloric acid, as well as the digestive power of the gastric juice are diminished.

2. This enfeebling of the digestion is especially pronounced in persons unaccustomed to the use of alcohol.

3. With increase of concentration (the quantity of alcohol remaining the same) of the alcoholic beverage, the digestive power of the gastric juice still further diminishes.

4. From the fourth hour of the digestion, the digestive power of the gastric juice increases notably. The acidity of the gastric juice and the quantity of hydrochloric acid are double the ordinary quantities.

5. Under the influence of alcohol, the secretion of gastric juice is more abundant and continues longer than ordinarily.

6. The movements of the stomach are equally diminished, and especially so the greater the concentration of alcohol.—*Times and Register*.

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD will be sent to any physician, free of expense, upon application.

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ON MILK INSPECTION IN CINCINNATI.

A Paper read before the Cincinnati Medical
Society, December 17, 1889,

BY

THEO. BANGE, M.D.,
CINCINNATI.

The inspection of milk in a large and crowded city like Cincinnati is of the greatest importance to its inhabitants. Milk, in some form, enters into the daily food of nearly every adult, and forms the entire or almost entire food of infants and invalids, and their stomachs are not in condition to stand any tampering with this important nourishment. There is no article of food so liable to adulteration, as milk, and there is no fluid so well adapted to convey specific poison, when once introduced into it. Milk possesses the greatest power of absorbing atmospheric impurities.

With these well-known facts before us, it is apparent that not only the milk must be inspected, but that the dairy stables, the surroundings of the dairy, the milk-house, the cans, the milker, and first of all, the cow, is entitled to the closest attention by the authorities.

The office of milk-inspector in the city of Cincinnati was created about twenty years ago, and a great deal of good has been accomplished in that course of time, but it is not yet up to the requirements committed to it, and this is entirely due to the meagre allowance or appropriation made for its sustenance; if the full intent of the office were to be carried out, there should be

three or four men engaged in this important work.

The duties of the milk-inspector and his assistant involve not only examination of milk, but also inspection of dairies. There are at the present time over 300 dairies delivering milk in Cincinnati, and about 1,200 grocers and bakers selling milk, not to mention the many restaurants and hotels handling this important article of diet.

20,250 gallons of whole milk are sold daily in the city of Cincinnati, representing an aggregate of nearly \$6,000 per day. Before proceeding to the mode of inspecting milk, I shall say a few words about the chemical composition, and physical properties of milk. Milk is an aqueous solution of caseine, milk sugar, traces of mineral material, and holds in suspension fatty matter in the form of myriads of semi-opaque globules, to which color and opacity of the milk are due. Cows' milk has been analyzed by many chemists at various times, in different countries, and all of these analyses have given similar, in fact almost the same, results. Milk from town-fed cows is a little richer than the average country milk. The average composition of cows' milk according to twelve of the most prominent authorities is as follows:

Total Milk		Solids not		
Solids.	Fat.	Fat.	Ash.	Water.
13.46	4.03	9.43	0.69	86.54

After the watery fluid, that is part of the milk, has been evaporated the milk solids remain. They consist of fat, caseine, milk sugar, and ash.

The fat exists in milk as very fine globules, and is composed of olein, stearin, palmitin, butyryn, and other fatty substances. The fat of milk is hard at winter temperature and soft at summer temperature.

Casein is the nitrogenous substance in milk, (albumen part thereof.) Casein is rendered insoluble or coagulated by rennet, acids and many metallic salts.

Milk Sugar.—This is obtained by coagulating the casein, removing it along with the fat, and evaporating the residual liquid or whey to crystallization. The crystals are decolorized by charcoal. The ash contains the mineral matter, phosphate of lime, and chlorides. Such are the ingredients that constitute milk. Its specific gravity ranges 1.028 and 1.033 at 60° F. Physical appearance of milk is yellowish white, sometimes blueish, and quite opaque.

Milk, if fresh, is nearly neutral to test paper. Milk is of great constancy of composition, the quantity of the milk being more affected by variety of food, than its quality. This constancy of composition is a great factor in milk analysis; if milk was variable in strength like urine, for instance, analysis would fail to detect the watering of milk.

Some three years ago, when I was appointed to the office of milk inspector, I found that the methods employed by my predecessors in the examination of milk, were for the most part worthless. They were as follows: the inspector would stop a milk wagon, select a can, and float the lactometer in the liquid, without regard to temperature and other conditions essential to the taking of the specific gravity. Now had the specific gravity been taken even correctly with the lactometer, it would show nothing, and no milk inspector should condemn a sample of milk solely upon the merits of a lactometer. I found another instrument in the office; the lactoscope, a good instrument, of which I shall speak later on. This lactoscope, however, was never called into requisition. All these appliances, properly used, could never convict a man in any court, as nothing but an analysis holds good there. There are two methods of inspecting milk, a mechanical and a chemical method. The mechanical consists of:

First.—Determining the density of milk, either by specific gravity bottle,

or hydrometer, whether the latter has a scale of specific gravities, or a special division, as the Pyle Percentage Lactometer. The temperature must always be 60° F., or corrections must be made for deviation from that temperature.

Second.—The creamometer is a tall graduated jar, each graduation indicating 1-100 of its capacity. The jar is filled with milk to the upper mark and allowed to stand for twenty-four hours at a temperature of 60° F. in order that the cream may rise to the surface, the per cent. of which is then read off by the divisions. This instrument is reliable in the examination of milk which has not been shaken, but not exact in the examination of milk which has been carried for some distance in wagons.

Third.—Fessers' Lactoscope consists of a glass cylinder with a contraction at the lower end. In this contraction is placed a small cylinder of white glass with six sharply marked black lines upon it. One side of the upper cylinder is graduated in percentages of fat, the other side states the amount of water in cubic centimeters. Four cubic centimeters of milk being placed in the cylinder by a small pipette, water is gradually added, shaking it thoroughly after each addition, until the black marks on the cylinder are just visible. The lactoscope is to be held at arms' length while looking at the marks. The figures on a level with the mixture of milk and water show the percentage of fat and water. The richer the milk the more water will be required to see the black marks, the opacity depending upon the number of fat globules in the milk.

Fourth.—The microscope, it is invaluable in detecting blood, pus, starch, chalk, and other substances in the milk.

The chemical method may be divided into two kinds of analysis:

First.—The very elaborate, most scientific analysis, showing the exact composition of milk, with analysis of ash, division of albuminoids, composition of fats, etc. This analysis has but little practical value.

Second.—The analysis as adopted by the English public analysts, which answers for all intents and purposes. This

is as follows: Specific gravity first taken, then five grams of milk are evaporated to dryness, the fat is extracted carefully from the residue and weighed, the residue is then ignited.

The following is the method that is used at present in this city:

Samples of milk are collected from wagons or obtained at stores, the bottles are properly labeled with the number of dairy, the date, and name of driver of wagon, or of the seller, and are then taken to the office. The temperature of the milk having been reduced to 60° F. the specific gravity is taken with an exact Pile hydrometer. If the specific gravity is below 1.028 or above 1.033, the sample of milk is open to suspicion. The milk is then tested with the lactoscope, and if the reading of the lactoscope, in connection with the specific gravity, shows it to be good, it is passed; if found to be poor or doubtful it is analyzed. The specific gravity alone, as formerly employed by the lactometer, is of no value whatever, as skimming would increase the density of the remaining milk, and the addition of water would lower it again to its original specific gravity; and of course the double fraud practiced could not be detected by the lactometer; then again a very rich sample of milk may have a very low specific gravity.

A sample of milk having been found to be poor or doubtful, the proceeding is as follows:

One hundred grains of milk are weighed in a flat-bottomed platinum dish $2\frac{1}{4}$ inches in diameter and about $\frac{1}{4}$ inch in depth, the weight of the dish having been previously ascertained. The milk is then evaporated to dryness upon a water-bath, the dish is then transferred to a drying oven and for an hour or more heated to a temperature of 212° F. It is now quite dry and is reweighed. The difference between the weight of the dish and residue, and the weight of the dish alone, gives us the amount of total milk solids.

The platinum dish with its contents is then filled with petroleum ether and heated on the water-bath; the petroleum heated to the boiling point rapidly dissolves the fat, the petroleum is

then poured off, and more of it added, boiled and poured off; this is done three times, the residue is then washed with a wash bottle containing petroleum ether and is then dried. The weight of the dish with its contents now, less the weight of the dish alone, gives us the milk solids, exclusive of fat. The difference between the weight of the total milk solids and the solids not fat gives us the percentage of fat.

The dish with the solids not fat is now heated to a dull red-heat, till the residue is quite white, the dish and contents are weighed, the weight of dish alone subtracted and we have the percentage of the ash.

This is a ready method of inspecting milk, and small as the quantity of milk used seems to be, is very exact.

We have not deemed it necessary in the every-day inspection of milk to ascertain the percentage of milk sugar, or of albuminoids, as the law on the subject simply refers to milk solids and fat.

After this mode of examining milk was adopted, I discovered, at the time I had my first case in court, that neither the state of Ohio, nor the city of Cincinnati, had ever established a milk standard. This was easily overcome: I visited several dairies and had a number of cows milked in my presence (not less than twenty in each dairy). This included city dairies, as well as country dairies. These samples were then analyzed, and all of them proved to be fully up to the standard, which was later adopted; some of the samples were above the standard. The following was the standard adopted at that time: Milk must not contain more than 87 per cent. of watery fluid, and not less than 13 per cent. of total milk solids, and not less than 9.3 per cent. of solids exclusive of fat. This standard was afterward changed to 12 $\frac{1}{4}$ per cent. of total milk solids.

I now considered myself fully equipped to bring the derelict milkmen to time, but after having had four or five cases in court, and several of them being dismissed on technical points, I found that all of our state laws and city ordinances relating to milk and regula-

tion of the sale of milk were inadequate. We now shaped a law much after the one in force in the state of Massachusetts, and tried to have our legislature pass it; one gentlemen was kind enough to introduce the bill, it was referred to a committee and never heard of again. The only thing left to be done now was to change the law into the shape of an ordinance, and try our luck with the city fathers. Here we were more successful, and the following is now the law:

AN ORDINANCE (No. 408:) TO REGULATE
THE SALE OF MILK.

*Be it Ordained by the Common Council of the
City of Cincinnati:*

SECTION 1. That whoever, by himself, or by his servant or agent, or as the servant or agent of any other person, sells, exchanges, or delivers, or has in his custody or possession with intent to sell, exchange, or deliver, or exposes or offers for sale or exchange, adulterated milk, or milk to which water or any foreign substance has been added, or milk from diseased or sick cows, shall for a first offense be punished by a fine of not less than fifty nor more than two hundred dollars; for a second offense by a fine of not less than one hundred dollars nor more than three hundred dollars, or by imprisonment in the Workhouse for not less than thirty nor more than sixty days; and for subsequent offense by a fine of fifty dollars and by imprisonment in the Workhouse of not less than sixty nor more than ninety days.

SEC. 2. Whoever, by himself or by his servant or agent, or as the servant or agent of any other person, sells, exchanges, or delivers, or has in his custody or possession, with intent to sell or exchange, or exposes or offers for sale as pure milk any milk from which the cream or part thereof has been removed, shall be punished by the penalties provided in the preceding section.

SEC. 3. No dealer in milk, and no servant or agent of such a dealer, shall sell, exchange, or deliver, or have in his custody or possession with intent to sell, exchange, or deliver, milk from which the cream, or part thereof, has been removed, unless in a conspicuous place, above the center, upon the outside of every vessel, can, or package, from which or in which such milk is sold, the words "SKIMMED MILK" are distinctly marked in uncondensed Gothic letters; not less than one inch in length. Whoever violates the provisions of this section shall be punished by the penalties in Section 1.

SEC. 4. In all prosecutions under this ordinance, if the milk is shown upon analysis to contain more than eighty-seven and one-half per cent. of watery fluid, or to contain less than twelve and one-half per cent. of milk solids, or to contain less than nine and three-tenths per cent. of milk solids, exclusive of fat,

it shall be deemed for the purpose of this ordinance to be adulterated, and not of good standard quality.

This ordinance has worked wonders, and I venture to say that the quality of milk supply of the city of Cincinnati is equal to that of any of the larger eastern cities where a strict surveillance is exercised.

Past experience has shown that a proper standard, and control of milk supply, will prevent epidemics. It is rare now to find sophisticated milk. The public's attention has so frequently been called to the sale of poor milk and to the sites and surroundings of city dairies, that they will no longer be content with poor milk.

I shall now mention the various frauds that are practiced, and such as I have discovered.

Water, as one of my predecessors said in his annual report, harmless water, the addition of it is the most common adulteration. It is not only a commercial fraud, but is often very injurious, as it is frequently taken from wells or cisterns in close proximity to outhouses, stables, etc., and is apt to be contaminated with the sewage of these. Chas. Girard, Director General of the Municipal Laboratory of Paris, in his report of 1885, says:

"It is known that water is a vehicle for contagious diseases. Wells, cisterns, recipients of any description which serve for the storage of water, may become charged with organic matter injurious to health. Thus it is that milk which, by itself, is very liable to fermentation, becomes dangerous when it is mixed with contaminated water; a great number of ferment germs may be introduced into milk and develop there with great rapidity. Milk-dealers of Paris have been known to add to their cans of milk water taken from the gutter. Such water, infected with germs and putrid matters, constitutes a veritable poison. Diarrhœal diseases, vomitings, and colics are inevitable sequences of the ingestion of milk adulterated with such material. It is also a well-known fact that innumerable epidemics of typhoid, scarlet fever, and other zymotic diseases were caused by milk

from dairies where these diseases prevailed."

At the International Medical Congress in 1881 Mr. Ernest Hart, of London, read a paper in which he says: "The number of epidemics of typhoid fever recorded in the abstract, as due to milk, is 50; scarlatina, 15; diphtheria, 7."

The total number of cases occurring during epidemics traced to the use of infected milk may be reckoned as: 3,500 of typhoid fever, 800 of scarlet fever, 500 of diphtheria. Many epidemics, especially of typhoid fever, as due to milk, have occurred since. So much for the harmless water.

The next fraud practiced is the removal of the cream or part of the cream. Next in order is removal of cream, and addition of water, to bring the milk back to its original specific gravity.

Salicylic acid, bicarbonate of soda, boracic acid are sometimes added as preservatives in summer time.

Chalk, starch, sugar, salt have been found in milk.

Emulsions of hemp or of almond seeds, and calves brain, I find mentioned as milk adulterants in some books. I have never heard of anybody finding them in milk.

Coloring of milk is practiced frequently. It subserves two objects, namely, to make milk of which cream had been removed or to which water has been added, appear rich, or to make milk of cows that are fed on slop (refuse of distilleries), and have little or no pasturage, look rich, like good country milk.

The different material used is claimed to be harmless, but we must endeavor to suppress their use as much as any other adulterant, for the public can, to some extent, guard itself against watered milk by observing its blueish appearance, which readily disappears upon the addition of a small quantity of annatto, or of caramel, burnt sugar. Annatto is most generally employed. Dr. S. W. Abbot, of Boston, employs the following mode of detecting its presence:

A strip of thick white filtering paper is placed in the sample of milk, ren-

dered decidedly alkaline by addition of soda carbon, for twelve hours. The paper is then freed of adhering milk by being held under a running stream of water, and is then dried. If annatto is present the paper will have acquired a light copper or salmon color, the depth of shade depending upon the amount of annatto present. The coloring matter thus separated by the fibre of the filtering paper is bixin, the chief coloring principle of annatto. A drop of strong sulphuric acid will make a dark blue spot upon the colored paper, strong nitric acid a blue which shades through green into yellow. Tin chlorides or alum, it will turn pink.

The following were the frauds detected during my administration of the office of milk inspector:

1. Addition of Water.
2. Removal of Cream.
3. Removal of Cream and Addition of Water.
4. Addition of Annatto.

In conclusion I will say that dairy reform can only be accomplished if the legislature will pass laws so as to compel all dairies to move outside the city proper, and compel them to have plenty of pasturage, good water supply, and properly ventilated stables. They will then desist of feeding still slop, as the distance for hauling it is too great.

(FOR DISCUSSION SEE P. 417.)

GLYCERIN MOUNTS THAT WILL KEEP.

Glycerin is a very desirable mounting medium for many purposes, and has but one drawback, and that is its tendency to creep out of the cell. When mounting such substances as will admit of such a procedure, I overcome this difficulty by using less glycerin than is required to fill the cell. This should be placed in the center of the cell, so that a circle of air will surround it in the finished mount. A coating of cement can be run on the cover glass over the circle of air, so that it does not show, but gives the mount the appearance of one with the cell full of glycerin.

—*Formulary and Drug.*

THE RADICAL CURE OF INTES- TINAL FISTULA.

BY

OTTO JUETTNER, A.M., M.D.,
CINCINNATI, OHIO.

In the beginning of January, 1890, I was called to see Miss Louisa F., æt. 28, whom I found in the midst of a severe rigor with an axillary temperature of 104° F. and a strong, bounding pulse of 120. I learned from her relatives that she had been an invalid for over five years. Her ailment was supposed to be the result of an attack of acute typhlitis. An abscess had formed in the right iliac region which, when opened, discharged a large quantity of pus. The opening never closed, but continued to give exit to dark offensive pus. She was never free from pain and had frequently experienced attacks of fever, interrupted by chills. In the course of two to three years several abscesses had burst in the right lumbar region. Inspection proved the existence of two fistulous openings, one in the right iliac region, the other in the right lumbar. Numerous cicatrices in the vicinity of the opening in the back marked the places where formerly other fistulous tracks had terminated. There was distinct fluctuation over a considerable area. I unhesitatingly made a free incision, causing the escape of pus, green, thick and fairly stinking. The quantity of pus which continued to pour through the opening was enormous. The pus-cavity was thoroughly irrigated as soon as the flow of matter had ceased. The patient's condition began to improve, and on the second day was as favorable as it had ever been during the last few months. The opening in front gave ready entrance to a probe.

Exploration being exceedingly painful to the patient, it had to be desisted from. The muscular wall of the abdomen in the vicinity of the opening was soft and inelastic and protruded after the fashion of a ventral hernia. The patient's clothes that had come into contact with the part, were saturated with pus and *fecal matter*. The patient,

worn out by long-continued suffering and anxious to have something radical done for her, not only consented to, but insisted upon an operation. Accordingly I sent her to the Good Samaritan Hospital, of this city, and asked my friend Dr. Edwin Ricketts to see her with me. The doctor verified the diagnosis of *intestinal fistula*, and agreed with me as to the propriety of surgical interference. She was put upon a course of preparatory treatment for three weeks. Medicinally the treatment consisted of tr. ferri mur. gtt. xv. ter die, dietetically of the lightest possible food, locally of daily irrigation with ordinary warm water. During the third week daily irrigation of the bowel per rectum was instituted. The preparatory treatment was conducted under the intelligent supervision of the resident physician, Dr. Anderson.

I operated on February 4th, in the presence of a number of medical gentlemen. Fearing the stage of excitement and the frequent and continued efforts to vomit, characterizing ether-narcosis, I concluded to use the ideal anæsthetic, chloroform. The patient had a rather small pulse of 100, when the administration of chloroform was begun. The effect upon the pulse was instantaneous. The number of beats was reduced to about 80. The diminution of the number of pulsations was characterized by a simultaneous change in the quality of heart-beats, which became strong and full. At the end of the operation the patient had a perfectly sound pulse of 72.

In connection with the subject of chloroform-narcosis, I have on diverse occasions made observations which coincide with the observation in this case. About seven months ago I reduced a luxated shoulder-joint under chloroform, the patient being a delicate woman of thirty. The pulse was rapid and irregular, the auscultatory signs of mitral regurgitation being unmistakable. Under chloroform the pulse became regular, strong and less rapid. Since that time I have a decided preference for chloroform, although I must confess that I cannot, during its administration, repress a certain feeling of discomfort

and anxiety. But that is natural in this country of ours where the young in the profession are raised in the fear of chloroform.

As far as the side-issues are concerned with which modern science loves to enshroud the simplicity of surgical procedures, I could enumerate to the reader a multiplicity of time-honored "essentials" I did without. Neither patient nor operator nor implements were brought into contact with any chemical antiseptic. The field of action, the hands, that were to touch the patient, the instruments to be employed, were carefully cleansed with boiled water. The sponges had previously been boiled. The patient being fully under the influence of the anæsthetic, the abdominal cavity was opened by an incision through the fistulous opening, parallel to the median line. Adhesions, extensive and of chondroid hardness, bound the intestine to the parietes. After the gut had been freed, two large flat sponges were placed into the cavity of the peritoneum on either side of the affected viscus and the latter drawn through the abdominal wound; the escape of intestinal gas, plainly audible and not less distinctly impressing itself upon the olfactory sense, certifying to the existence of the fistula looked for. The introduction of the finger through the fistulous opening into the interior of the bowel was easily effected. As far as the exploring finger could reach, no other fistula could be found. What portion of the intestinal canal was the seat of trouble, is a question of no practical import as far as the operation was concerned, though in itself of some interest. The caliber of the gut, as estimated by exploration, the appearance of it, although by no means that of a healthy bowel, seem to confirm what the history of the case lead us to suspect, namely, that the part of intestine before us was a portion of the ascending colon. The intestinal wall was thick and hard over an area, represented by a circle with a radius of one-half an inch, the fistulous opening being the centre. The indurated intestinal tissue was embraced by a line of incision, ovoid in shape, which, when completed,

encircled the fistulous opening and the diseased intestinal wall around it. In this manner extirpation of the seat of trouble, and necessarily narrowing of the canal, were effected. The clean cut edges were brought together, the line to be sutured running parallel to the longitudinal axis of the gut. The material used for suturing was the finest Chinese silk. The question of the kind of intestinal suture to be employed was settled by a suggestion of my friend Dr. Ricketts. I had intended to use the interrupted suture known as the suture of Lembert. Dr. Ricketts suggested to unite the edges by a double set of stitches; to first suture according to Lembert's method and then fortify the line of union by a set of ordinary interrupted stitches, introduced between the different sutures of the first set. To understand this we must remember what the Lembert suture really is. Lembert introduces the needle some distance away from the line of incision, and brings it out near the edge on the same side. He repeats the same procedure on the other side, only in an inverted manner. When he closes the line of suture, there is no coaptation of the edges, theoretically speaking, but contact of two strips of serous surface lying on either side of the incision, and included between the points of exit of the thread on the one side and the points of entrance on the other. The result is a ridge on the inner surface of the intestine. If we now introduce the needle between the different sutures and bring it out on the other side, after crossing the ridge on the inside, we certainly fortify the line of suture in an effective manner, rendering extravasation of fecal contents almost impossible as long as there is no sloughing of the edges. This was the kind of suturing which I adopted at the suggestion of Dr. Ricketts.

The intestinal fistula being done away with, I proceeded to locate the origin of the *lumbar* opening. The mouth of a fistulous tract was with facility discovered in the abdominal incision. A probe introduced found its way into a tortuous mural canal which, as was proven by the injection of water

into it, communicated directly with the opening in the back. The anterior opening was curetted and closed by a few stitches. The elephant-ear sponges were removed from the cavity of the peritoneum, and a constant stream of hot water was allowed to flow into the interior. After thorough irrigation, the external opening was closed, a five-inch glass drainage-tube being left in the wound. The dressing consisted of some absorbent cotton; *only that and nothing more.*

The rules of the after-treatment were rigorously enforced. The administration of an opiate was absolutely interdicted in order to prevent as much as possible distention. For forty-eight hours nothing was given *per os* except an occasional teaspoonful of warm water. On the third day the patient was allowed small quantities of tea or beef broth. Her diet was entirely liquid for two weeks. Four days after the operation, there occurred what we had looked to with a great deal of anxiety and anticipation—a perfectly normal alvine movement. The course of the case for four weeks was one of uninterrupted improvement. The opening in the back was syringed out morning and evening, the discharge gradually losing its offensive odor and becoming less in quantity. Four weeks after the operation the patient left the hospital, having gained four pounds in weight and being altogether a different woman.

The lesson which this case powerfully impressed upon me, has been often taught in these columns, but cannot be too frequently repeated, namely, that cleanliness, asepsis, is the *raison d'être* of success in surgery. But we can be clean without the ballast of chemical antiseptics that ruin our instruments, injure our hands and poison our patients; for, cleanliness is one of

"Those pure immortal elements, that know
No gross, no unharmonious mixture foul."

I am indebted to Drs. Ricketts and Anderson for many courtesies shown to me in connection with the above detailed case.

CONSTIPATION:

PRACTICAL NOTES ON ITS CAUSES AND TREATMENT.

BY

GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

I imagine I hear some one saying, when they look at the heading of this article, "Chestnut bell." Well, I admit it is an old subject, and the changes have been rung upon it in multitudinous number of ways. Yet it is a subject that is of vast importance to the greater number of physicians, in fact, I might say, to all.

We find in the metropolitan medical journals long and elaborate papers on laparotomy, ovariectomy, and other kindred operations for diseases which are not very common—articles which require the last edition of "Dunglison's Medical Dictionary" on the right hand and "Webster's Unabridged" on the left to be able to comprehend them; and even then, unless we have "Gray's Anatomy" handy for reference, we get but a superficial idea of the subject under consideration. To read one of these articles understandingly requires many hours of hard and absorbing study. Now, when I speak in this way I do not wish it to be understood that I condemn such profound and learned papers, for I do not; but the common practitioner has not the time, if he has much practice, to devote to these abstruse subjects. He has but very little to do with such a class of cases, for if, in his routine business, they fall into his hands, he has not the temerity to operate upon them, and if he had the patient would not allow him to. They are sent to some one who makes a special business of the treatment of such cases. The local physician reaps no lustre or reputation and but very little money out of them. In fact, he has but very little interest in them anyway.

Why I write in this way is because I think these large journals devote too much attention to this class of cases, to the exclusion of those diseases which are of every-day occurrence. Constipa-

tion is one of these common diseases, and one that physicians meet with every day of their lives, and one, also, that sometimes requires as much skill and knowledge in treating successfully as it does to perform some of the most intricate surgical operations. A physician does not acquire the reputation in treating these so-called minor diseases, I admit, as he would if he had cut a woman all to pieces, even if she had died from the operation. But their treatment is just as essential as the capital operations are, and, if successful, should receive just as much praise and commendation.

We may, I think, consider a person constipated who does not have at least one evacuation of the rectum in twenty-four hours. This, of course, varies within the bounds of health in different subjects. Some will have two or three actions during this time, while others may go forty-eight hours and still we cannot call it a diseased condition, although I think it is on the border line. Those in the most perfect health have at least one action every twenty-four hours. If the intermission exceeds this the natural secretions which moisten the feces in their passage are absorbed, and we are apt to have dry feces: this is constipation.

There is no age that is exempt from constipation. We find it in the infant quite frequently, especially if they are artificially fed, cow's milk in many instances producing it. Constipation is very common with aged people. It seems as though the peristaltic action of the bowels is lost to quite an extent. Then again, the nerves of the rectum seem to be less sensitive than in middle life, and this allows the rectum to become filled with feces even to impaction without giving notice to the brain that such is the case. This mass becomes larger and larger by accretion until we may have a mass entirely filling the rectum, as large as a child's head sometimes, and which requires mechanical interference to remove.

I have had a number of this class of cases, and one which I will relate occurred in a lady about sixty years of age, and which gave me considerable

annoyance. She applied to me to be treated for what she supposed to be a tumor of the rectum. Her description of the case was about as follows: She had, she thought, diarrhoea, having four or five soft stools every twenty-four hours, and at each time of defecation a tumor came down, which would return after the action. Each action was accompanied with a good deal of straining, and even tenesmus. She never felt as though the rectum was empty. This feeling, of course, she attributed to the tumor.

On examination I found a mass nearly as hard as chalk, and studied the case some little time before I decided it to be a fecal tumor or mass. I gave her chloroform and dilated the sphincter muscles, and even then I had to break the mass into several pieces before I could remove it. I used in its removal a placental forceps, which I have found better adapted for this purpose than they have been, in my hands, for the removal of placentas in abortions. The lump was at least four inches in diameter, and filled the entire length of the rectum. The discharges which took place passed on the outside of it.

She had partial paralysis of the sphincter muscles for a long time afterwards, but by using a pill of sulph. aloes and sulph. iron, and washing out the rectum daily with cold water (about six ounces), she finally regained the action of the sphincter.

In breaking up the fecal mass I found in its center a cotton thread about a foot long, which had acted as a nucleus for the collection. She remembered that about a year before the time I treated her she had a cotton thread in her mouth chewing it (a practice which prevails to quite an extent among women), and she accidentally swallowed it. I am satisfied that when this reached the rectal pouch it was retained there and acted as a nidus for the accumulation.

One would hardly suppose that impaction could exist so long without producing more general derangement, as she said her attention had been called to it for at least six months.

Feeble, hot-house and cellar children

are apt to suffer from constipation. I heard an eminent professor say in a lecture in New York a few years ago, "that all rachitic children, and all those born of syphilitic parents, were constipated." I have observed that scrofulous children are usually constipated. The children of the Italians, and those who are poorly fed, are constipated.

Females, I think, are more frequent sufferers from this disease than males. This can be accounted for in a number of ways. Their sedentary life is probably the greatest factor in producing this condition. The ignorance in which young girls are raised is a common cause, as but few mothers teach their daughters the necessity of regularity in this act.

A few years ago I saw a lady who was suffering with impacted feces. She had been away on her wedding trip, and was from home two weeks and had not had an action during the time. I suppose her husband kept so closely to her in the first heyday of love and marriage that she had no opportunity to answer the calls of nature. Well, it cost him a hundred dollars for his close attention, as well as his wife an immense sight of suffering.

I have felt sorry for young girls frequently when I have noticed some silly, thoughtless young men stick so closely to them during a picnic, excursion or journey — not even allowing them a moment of privacy. A young man will steal away to answer these demands, but he does not take into consideration that ladies have the same physical necessities and wants that they themselves possess. We know that it is a dirty, nasty thing for sweet divinities like ladies to do, but still it is one of the requirements of nature, and we, the lords of creation, should give them an opportunity to attend to it. If we do not the result certainly will be constipation.

I have sometimes thought that menstruation was perhaps a cause of constipation, although I have never heard females give it as a reason. During menstruation the womb becomes enlarged, congested and sensitive. The menstruating ovary also is painful, and

she may defer the action of the bowels on account of this pain. And it may be, also, that the enlarged womb acts as a mechanical hindrance to the action. We know this is frequently the case in pregnancy, and why not in menstruation?

Constipation accompanies nearly all female diseases. A chlorotic girl is constipated. Whether the chlorosis is the cause of the constipation, or the constipation the cause of the chlorosis, I am not fully prepared to say.

Patients often remark that they inherited their constipation from their mothers. This charge is seldom ever laid to the fathers, and they are females, as a rule, who make this complaint, which leads me to doubt the inheritance or the inherited habit. I will not say such is not the case, but I will have to have further evidence than I already have to indorse this belief.

Certain kinds of food have a tendency, in many, to produce constipation. Some cannot eat cheese or salt fish on this account. Then, again, a continued diet of dry food is apt to produce this condition. Most all those who travelled in the old-fashioned sailing vessels, where they would be a long time at sea, and had a deficiency of water and vegetables, became constipated.

Irregularity in going to stool will produce constipation, certainly. This act ought to be attended to as regularly as anything in our daily life. At a certain hour each day we should go to stool, and the rectum should be entirely emptied at each time, for if a portion of the feces is allowed to remain it acts as a starting-point for impaction.

Occupation has a great deal to do in producing the constipated habit. Those of sedentary habits, who remain in the house a great deal, and in the sitting position, are sure to become constipated. Preachers, lawyers, bankers, clerks, tailors, milliners, dress-makers, railroad engineers, firemen and brakemen, as a rule, become constipated. The engineers, firemen and brakemen become constipated on account of the railroads not preparing any way for them to answer this call.

The only way they can do on a freight train is to wait until they can get off at some station. Great students, profound thinkers, intellectual men and women, are constipated, as a general thing, simply from neglect, and their minds being diverted from this act. Filth, poorly cooked food, impure air, cause constipation; those who labor in poorly ventilated shops and factories, miners, and all deprived of sunlight and air, are apt to become constipated. Tight lacing, cutting the body into a spider's shape, will cause constipation.

Of course, there are a great many diseases, both acute and chronic, which have constipation as one of their symptoms: Paralytics are always constipated. The too frequent use of cathartics will make anybody constipated. I never knew a person who persisted in taking a physic every day but what, in the course of time, became constipated. I think, perhaps, the explanation of this is that they, by their continued action, finally wear out muscular action. The muscles are elastic like a piece of rubber, and they, like the rubber, if continually stretched, lose their contractile power.

Workers in lead, as painters, lead grinders, type makers and setters, become constipated. We all know that opium-eaters are constipated.

A great many chronic diseases, especially those affecting the liver, are accompanied by constipation.

We may look for constipation in those who sweat a great deal, from the necessary liquid being withdrawn from the bowels. For the same reason diabetic patients are constipated, or those who pass a great amount of urine. Nursing women who have a large flow of milk are apt to be constipated.

Dyspepsia in most of its forms has, as a leading symptom, constipation.

Hemorrhoids, or irritable ulcer, on account of the pain produced in defecation, most always leads to constipation. I have known patients to defer, on account of the severity of the pain, the action of the bowels for days; and in some cases an anæsthetic has to be given after the action to prevent convulsions.

In addition to pregnancy in producing mechanical obstruction, we may have cancer, stricture, absolute or spasmodic; also, tumors of the bowels, ovaries, womb, etc., producing constipation.

I am satisfied that a great amount of indigestion, and, accompanying this, constipation, is produced in cities by the privies and water-closets being in the houses. It matters not how good the plumbing may be, sewer-gas will to a greater or less extent find its way into the rooms, sleeping rooms more particularly, as they are located, on account of convenience, near the bath-rooms. Women are more apt to be affected with this gas, as they are more exposed to its influence, being where it is most of the time. This gas is poisonous and is apt to produce dyspeptic symptoms, and with this condition we will either have diarrhoea or constipation. It is unnecessary for me to repeat the fact that all water-closets should be separate and apart from living rooms.

If we should go amongst the ladies of our cities and ask them the question, whether or not they were troubled with constipation, I think nine times out of ten the answer would be in the affirmative. Happy is the city lady who is not constipated.

Having a poor appetite is cause of constipation. Those having no desire for food try to pamper and coax the taste by eating articles which do not digest well. The preliminary with these poor-appetite people is a glass of whisky as an appetizer. This may create an artificial desire for food, but the stomach does not digest what is eaten, and constipation results.

I will proceed to mention some of the symptoms of constipation. I cannot take the space to enumerate them all, but will simply give some of the most prominent.

About the first we notice is a flushed face, with headache. If a person who has been having one action a day passes over this action, he begins to have an uneasy, uncomfortable feeling; an unpleasant condition about the rectum, with some heat and tenderness; a full

feeling of the hemorrhoidal veins—congestion, in fact, of these veins. This congestion is increased by the action when it does take place, because the feces are dryer and it requires more straining to expel the same, thus causing an increased flow of blood to the parts. Even when the rectum is emptied it will not feel so, on account of the enlargement of the veins. If this condition continues for some time the veins will remain enlarged, and we will have a case of hemorrhoids.

There are also symptoms of indigestion to a greater or less extent—belching of gas, and borborigmi in the small intestines.

A disgust for food is usually present. This unpleasant condition passes away when the constipation is relieved.

Occasionally we have very acute pain from constipation, coming on in paroxysms.

In men, often, we have painful erections; seminal emissions; a drawing up of the testicles, sometimes quite painful; and pain in the groins from constipation. I have just been treating a gentleman who had all of these symptoms. It took me sometime to decide that they were produced by constipation, but having cured the constipation the symptoms have been relieved, which would determine that it was the cause of the trouble.

In chronic constipation the patient loses flesh, his skin becomes dirty and greasy, tongue coated, breath foul. He becomes nervous and irritable, cannot sleep well, and dreams when he does sleep. He becomes blue, hypochondriacal, and despondent. The urine usually becomes dark-colored, cloudy, and loaded with the urates and phosphates.

It is not very difficult, as a general thing, to diagnose constipation. If we will watch the patient for a few days, and have them describe their stools, as to quantity, dryness, amount of straining, and length of time which it takes to defecate, etc., etc., we can come to a conclusion without much danger of being mistaken. If we mistrust inspection of feces we must insist upon an examination. We can usually decide if

tumors or stricture are present by a visual and digital examination.

In regard to treatment a book could be written, but I will curtail my remarks on this subject as much as I can, and still try to cover the ground. In the first place, I would say, if we ascertain that we are doing anything to impair our general health, quit it, for we will have, as a rule, if in poor health, either constipation or diarrhœa.

I would insist upon parents teaching their children, just as soon as they are old enough to understand such teaching, to be regular in their habit of going to stool. A certain time should be set apart for this purpose, and when the clock points to this time let the mother insist that the child attends to this duty. Let her impress upon her children the importance and necessity of attending to this matter with regularity. They should particularly, (and I wish to emphasize *particularly*) do so with their daughters about the age of puberty if they wish to preserve their health.

In adults we can very often overcome the constipated habit by inducing them to be regular in the act of going to stool. Better to drop everything else at this certain hour and attend to this business.

The next matter of importance, in those especially whose business is sedentary, those confined indoors and in one position, is to take exercise out of doors—exercise in the sun. Every one so situated should spend so much time each day at some physical exercise—walking, riding, rowing, gymnastic exercise, or something of this nature—and very frequently the constipation will pass away without having to resort to the use of medicines. Twenty years ago, when I was in a general country practice, I did not know, personally, what constipation was, but since I have been doing an office business and getting lazy, I have become constipated. A few months ago I changed my residence so I am now nearly two miles from my office, and when I force myself to walk back and forth I find my bowels move freely, and, of course, I feel better. I would,

then, by all means insist upon exercise for constipation.

Rubbing the abdomen with the hand or a towel once or twice a day helps to alleviate the constipated habit.

The digestive organs have to be watched, and if not performing their duty, which they usually are not in constipation, we have to aid them. We should watch the digestion of certain articles of food, and if we find they are not digesting well we have to reduce the quantity, or for a time stop them altogether.

Sometimes the stomach is digesting well but the bowels are not; then we have to aid bowel digestion. Peters' peptic essence compound, aids bowel digestion. Carboic acid, creosote, salol and several other medicines aid bowel digestion. The pepsins, with glycerine and hydrochloric acid, aid stomach digestion somewhat; sometimes bitter tonics will do the same. But the best aid we can give the stomach is rest, and this may be done by giving milk and lime-water or milk and salt. This may for a time increase the constipation, but usually before very long, on account of the rest, the stomach and bowels begin to digest, and if we have good digestion the constipation will subside.

A favorite prescription of mine in constipation and indigestion is:

R Sulph. strychnine, } aa . gr. i.
 Arsenious acid, }
 Sulph. quinine, 3i.
 Iron by hydrogen, 3i.—M.
 Make pills sixty. Sig.—One after eating.

If they do not act sufficiently we may add the tenth of a grain of ext. podophyllin to each pill.

The mineral waters, many of them, act well in chronic constipation. Among those which I have found useful are the French Lick Springs, Indiana; the Blue Lick, Crab Orchard, and Dawson Springs, in Kentucky. These waters act better when drank at the springs.

In case of atony of the colon and rectum I find this pill to be beneficial:

R Aloes socot., gr. xx.
 Ext. nucis vomica, gr. xv.
 Sulph. ferri, gr. xxx.
 Powd. zingiber, gr. xxx.
 Ext. podophyllin, gr. x.—M.
 Make pills forty. Sig.—One after eating.

Or this:

R Fl. ext. cascara sagrada } aa 3ij.
 (P. D. & Co.), }
 Glycerine, }
 Tr. cinnamon, 3i.—M.

Sig.—One teaspoonful sufficiently often to keep the bowels regular.

Glycerine by itself frequently acts well — one teaspoonful two or three times a day; or a teaspoonful of glycerine in an ounce of water may be injected into the rectum in the morning; or a glycerine suppository may be introduced into the rectum, which will act very speedily.

We may wring a cloth out of hot water and place over the abdomen for a few minutes and then remove it, putting in its place a cloth wrung out in cold water. This often will cause the bowels to move freely. Or we may let water run from an elevation onto the abdomen, first using the hot and then the cold.

Sea-bathing sometimes acts favorably in constipation.

I have had good results from the use of electricity. I am not prepared to say which is best, galvanism or faradism; I believe I prefer the faradic or interrupted current. One electrode (and I don't know as it makes any difference which) may be used over the abdomen and the other over the sacrum, or one over the abdomen and the other in the rectum. In order to get much benefit from electricity I find it has to be used daily.

The food best adapted for constipation is that which digests the easiest, and that which leaves quite a residue, such as kale, salsify, asparagus, cabbage in the form of sauer kraut, lettuce, peas, and, in fact, vegetables generally.

Many fruits are good, such as peaches, baked or stewed apples, figs, oranges, grapes and prunes; a lemon sucked occasionally is also good. Fruit had better be taken on an empty stomach.

We may allow beef, mutton or fresh fish once or twice a day. Oatmeal is an old remedy, but I am not very highly impressed with it. I find cracked wheat, hominy, Graham and bran bread good. A cup of coffee or black tea

may be taken with meals. Skimmed milk and buttermilk often act well. A glass of hot water sipped before meals evidently is good; this had better be taken an hour before meals.

Those who are constipated should partake freely of water. Sometimes a teaspoonful of salt in a glass of water acts excellently. Strong, robust people may take salines, but if anæmic and feeble the iron waters combined with laxatives are better. One of the best of these is the Dawson Spring water, which is a strong chalybeate water.

All laxatives lose their effect if used very long, so I think it well to change from one to another occasionally. A good simple laxative is the compound liquorice powder.

In anæmic patients, in addition to iron, I use cod-liver oil, maltine and glycerine, equal parts, one tablespoonful three times a day.

In scrofulous or syphilitic children the syrup of the iodide of iron acts very well. Of course, in syphilis, the specific treatment is necessary.

I am not in favor of large injections into the rectum for any great length of time. I think, if persisted in for a few months, they will paralyze the muscular action of the rectum. But injections of cold water, about four ounces once a day, will give tone to the rectum and excite and increase peristaltic action.

As little medicine as we possibly can get along with is best. I am satisfied that very much cathartic medicine used for any length of time is injurious, and produces constipation.

If we have hemorrhoids they ought to be removed. If we have fissure or irritable ulcer I produce divulsion with the forefingers; sometimes this will overcome constipation even where there is no fissure.

If I find a tightly contracted sphincter, one which makes it difficult to pass the fingers through the anus into the rectum, I give the patient chloroform and stretch the sphincter muscles. This is quite a common condition in nervous women. If this does not of itself cure the constipation, it materially aids in doing so.

If we have stricture we must try

and dilate it, which can be done in most all cases that are not of syphilitic origin. Specific constitutional treatment may benefit these cases somewhat, but local treatment has but little effect.

THE DANGERS OF HYPNOTISM.

At Nuremberg a case of some public interest has recently been tried in the police court. A commercial traveler while in a restaurant told the waitress to look steadily at the white of his eye and hypnotized her. On the second occasion he repeated the experiment, but this time the sleep was so profound that a medical man had to be called, who had the utmost difficulty in rousing the girl. The commercial traveler was accordingly summoned to appear before the magistrates, and the severe sentence of eight days' imprisonment was passed on him, which will probably be efficient in checking similar performances in that region. In France the practice of hypnotizing people for amusement seems to be very common, and unpleasant consequences are reported. At a supper party in Paris recently one of the company hypnotized a girl and was unable to rouse her. She was consequently taken to the house of a medical man, and after a time she recovered consciousness. The whole party were taken in custody by the police, and were not released until next day. Even when hypnotism has been practised by competent medical men for remedial purposes, unpleasant accidents and ulterior consequences have again and again occurred, so much so that recently an order has been issued by the French Government prohibiting surgeons in the army and navy from practising it. It ought to be distinctly understood both by the profession and the public that hypnotism is not devoid of danger at the time, and not infrequently has permanently impaired the moral and emotional control of patients. A medical man is bound, before recommending hypnotism for a patient, to weigh the question as carefully as he would that of the advisability of administering an anæsthetic.—*Lancet*.

Society Reports.

CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of December 17, 1889.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDW. S. STEVENS, M.D., Secretary.

DR. THEO. BANGE read a paper on

Milk Inspection in Cincinnati.

(SEE PAGE 403)

DISCUSSION.

DR. KARL LANGENBECK: We are accustomed to interfere as little as possible by legislation, with the laws of supply and demand regulating trade. Sanitary considerations are only brought to bear on the question after the community has suffered gross damage, and even then, after the enactment of regulating measures, our system of rotation in office prevents thorough execution, even with honest and efficient officers.

The necessity of utilizing waste products of manufacture as far as possible, has led to the extensive feeding of milk stock with distiller's draff. Our health officers and milk inspectors are constantly pointing to the evils which this entails. The utilization of "swill" for this purpose is just as common in Europe in distilling centres, as with us; but we hear nothing about "swill-milk" there, simply because the health officer has power to enforce regulations as to the feeding and keeping of stock, and this cheap food is looked upon as a blessing, and is so in fact, instead of a curse, as with us.

As the extension of really effective legislation and sanitary control is at best doubtful, there remains but one channel for betterment, and that is the commercial. Popular interests and even prejudice must be involved to induce capital to bring a competitor into the field. The establishment of large companies for the distribution of milk brought by rail from distant-lying stock farms, as is now extensively done in

Europe, will bring the milk of properly pastured and stabled cattle into market, which has not heretofore been utilized.

Aside from the healthier feeding and surroundings of the stock, the consumer will have the assurance that the product is not watered, for a large company will not care to pay for expressage on water, and will, therefore, buy on assay, and having to mix the milk from very different sources, it will find it best to mix to a product of absolutely uniform composition. The advantage of putting on the market a uniform product the year around, every business man will appreciate and every doctor who has looked up the analysis of milk in connection with the feeding of infants and invalids will realize.

In the founding of responsible milk companies, which have elsewhere proven profitable undertakings, the evils that the health officer, the public and the doctors have contended with in the matter of milk will have been corrected; and I may add that it will not be flying to unknown evils, for the disadvantages attending such a system are perfectly understood, and being so, are known to be infinitely less than in our present milk supply, yet here they are.

The purchasing of milk over a large territory outside the observation and reach of the health officer, and mixing this product from a great number of sources before distribution, a single can of tainted milk may infect the whole supply and cause a wide spread epidemic; that this, though not perhaps a common source of danger, in view of the better conditions under which the milk is obtained, is not purely a hypothetical case is instanced by the following cases of epidemics, traced with certainty to milk companies in the past year: Epidemics of Typhoid Fever, recorded in the *Molken Zeitung*, in the circuits of Dingen, Emsbüren and Hümling, in Hanover; one recorded as occurring in Sweden, by E. Almquist, in the "*Bacteriologisches Centralblatt*," one in Canton Luzern, Switzerland, mentioned in the "*Chemiker Zeitung*," a Scarlet Fever Epidemic in London, recorded by R. Veith, of the Aylesbury Milk Co., in the "*Milch Zeitung*."

Another objection lies in the ease with which milk spoils during our summer months, and the consequent difficulty of shipment from distant points. Perhaps this would be less troublesome with the extensive use and cheapness of ice, and the commoner use of cold storage and refrigerating cars with us, than in Europe; at any rate with the exception of a Paris company, reported by Guérin as bringing its milk from the Department des Vorges frozen in solid blocks.

Help has been sought in the use of chemical antiseptics.

Among these the most effective with least objection has proved to be boracic acid, a very small addition of which will keep milk twenty-four to thirty-six hours longer in summer than milk not so treated; but J. Mattern reported at the Seventh Assembly of Bavaria Chemists, that in view of experiments made by himself in which the continued use of small quantities of boracic acid caused salivation and diarrhœa, the preservation of milk by even this agent should not be allowed.

The use of chemical antiseptics is becoming alarmingly familiar among the public, and of the attempts at preserving daily products by chemical means, I have received the most astounding proof by the notes of a dairyman who had corresponded extensively with his colleagues on the subject, and had classified the various substances which his advisors informed him they had tried and were using, as follows:

SODAS.	ACIDS.	OILS.
Soda ash.	Lactic acid.	Olive oil.
Salt.	Boracic acid.	Oil sesame.
Bicarbonate of soda.	Salicylic acid.	Cotton seed oil.
Slippery elm bark.	Benzoic acid.	
Saltpeter.	Nitric acid.	
Borax.	Butyric acid.	
Caustic soda.		
Sugar.		
Glycerine.		
Annata.		
Stearine.		
Orris root.		
Sal soda.		

The classification and the use of many of the above as antiseptics, is of course, ridiculous; but it shows that

there is a feeling that antiseptics are the order of the day, and that something "chemical" must be used. As the general sale of a uniform milk from animals properly fed and cared for, and the careful watching of the product by public inspection or private competition that it be not disease bearing, or preserved by antiseptics that are liable to cause disturbances of digestion, I should think that the efforts which have been made to furnish milk specially where our ordinary product is liable to do most harm, namely, in the care of infants and invalids would be of interest to physicians.

I need not dwell upon the introduction of tubercle bacilli, lactic acid ferments, etc., into the system by milk. The already extensive use of Soxhlet's little sterilizer, through the recommendation of the profession, has proven alike the advantage of sterilizing milk and the fact that little reliance can be laid upon its being done, or at least properly done by the average person. If any good is to come from this move, such milk must be furnished by some one making a business of it, as has already been done for some time and with much success by Stössler, of Vienna, and Thomashoff, of Düsseldorf, for their respective cities.

If the milk of properly fed, stalled and exercised cattle be better than the "swill milk" of the "distillery dairy," is it not imperative for the infant and invalid? And why has an intelligent and outspoken demand for such a product not created model dairies for supplying the same, as those of Dr. Gerber, in Zurich, and of T. Dreves, in Braunschweig?

If this furnishing of sterilized and special milk of uniform composition be an over-refinement of the question, then the extensive bacteriological investigations of milk (as a means of transmitting tuberculosis, etc.,) the inquiries and experiments on the feeding of infants, and even the daily direction of the physician as to watering and sugaring cow's milk with a view to making it resemble mother's milk, is folly, for in no case does he start with a known substance.

I confess to being sceptical of our attaining a better milk supply through legislation. I have great faith in help through commercial enterprise, and the direction which this should take has long been known in Europe. The experience is all at hand; it requires but that the capitalist be stirred up by the clamor of physician and public.

DR. BYRON STANTON: One of my most anxious labors since I have occupied the position of Health Officer has been to watch the milk supply of the city and protect its purity. I have endeavored to have enforced the stringent ordinances enacted by Council and the rules adopted by the Board of Public Affairs bearing upon this subject. This work has been under the direct care of Dr. Bange, who brought to the office of milk inspector a thorough knowledge of the subject, an acquaintance with practical chemistry, that enabled him to make analyses of milk, and a conscientious performance of duty. An inspector has been detailed to assist him in this work whose special duty it has been to watch over the stables and animals.

The manner of milk inspection in Cincinnati, as now practiced, has been fully reported on by Dr. Bange, and he has dwelt upon sophistication in a very instructive way. Looking at this subject simply as a commercial fraud, it is one that should receive the close attention of our authorities. In this interest our state has provided laws against the adulteration of food and has especially stringent provisions against the sophistication of milk, which is regarded as more than a mere fraud; it is a heinous crime. But the prevention of adulteration does not dispose of all of the damages, or the chief danger from milk. There is another aspect of the question that far outweighs this. Adulteration is far less important than contamination. There are many diseases, the transmission of which can be traced directly to the use of the milk or flesh of diseased animals. Milk is a fluid which readily undergoes change, speedily absorbs germs, and furnishes a medium in which bacteria rapidly multiply. The most potent cause of

the diarrhoeal affections which carry off so many children is to be found in the changes in the composition of milk due to the fermentative and putrefactive processes set up by the presence of germs. As suggested by Dr. T. Lauder Brunton, "it is highly probable that not the least advantage possessed by milk drawn from the breast over that given by the bottle, is that the former is free from bacteria with which the latter is apt to be contaminated."

The transmission of typhoid and scarlet fever by milk has been of such frequent occurrence, that it not necessary to name particular instances.

The use of milk from cows suffering from any disease has caused croupous pneumonia in human beings, the anatomical appearance of which is like that which occurs in cattle.

That phthisis can be transmitted is now generally conceded, and the means of transmission are often known. One source, and probably a source more potent than generally supposed, is the use of the meat and milk of tuberculous animals, bovine and human tuberculosis being the same. The bacillus of tuberculosis has been found in the milk even when the udder was not the seat of tubercular deposit. Tuberculosis is by no means a rare disease among domesticated animals. They are affected by its ravages almost as much as the human race. The closely stabled cow, kept in filthy, poorly-ventilated buildings, deprived of fresh air and exercise, and lacking a variety of food, is the first to suffer. The distillery dairy is the nursery of bovine tuberculosis. Its unsanitary surroundings, its filth, its fermenting slops, are conditions favoring the rapid multiplication of bacteria. The cows are generally fed from one trough, so that one tuberculous animal may infect many others. It is the statement of one who has had large experience with swill-fed cattle, that feeding swill produces tuberculosis. This is probably not the correct association of cause and effect, but the statement shows the recognition of the great prevalence of the disease among such cattle.

But bovine tuberculosis, unfortu-

nately, is not confined to the distillery dairy. Its spread is increased by breeding in-and-in, and it is making its influence felt in those breeds of cattle which are forced for special purposes, whether for milk or flesh. This condition has made itself especially manifest in the Jerseys, which are now regarded as conspicuously tuberculous. As this is a breed of cattle much prized for dairy purposes, it is not probable that the use of the milk and its products may be the means of transmitting the disease to man?

All are agreed that a consumptive mother should not nurse her child, not so much because the mother's health suffers from lactation as because of the danger that threatens the child by drawing its nourishment from a poisoned source. Should it be any less our duty to withhold from all adults and children milk drawn from tuberculous cows? The danger reaches its maximum, of course, in the distillery dairy, because such dairies are, for the reasons already stated, more likely to be the breeding places of tuberculosis.

Brewery grains and distillery waste constitute a part of the rations in nearly all city dairies. The use of the former in small amounts is not regarded as objectionable, but in regard to the harmfulness of the latter there are differences of opinion even among practical men.

About two years ago, the editor of "*Science*" sent to the prominent sanitarians of the country letters asking for an expression of opinion as to the wholesomeness of distillery swill as food for cows. Many answers to the letters were received giving widely differing views in regard to the subject. By some it was thought that swill might be fed in small quantities as a supplement to other food and before the acetic fermentation has commenced, without any injury resulting. Although it may not improve its quality, it increases its quantity, like a glass of beer to a nursing mother. By its use hay and fodder are rendered more palatable, and their deficiency in proteids is compensated for by the richness of the swill in this material.

The wholesomeness of milk is a

question that cannot be determined by chemical analysis, but analyses have shown that there is no deterioration in the physical qualities of milk from cows fed on distillery waste in conjunction with other food. Results of analyses by Prof. Simon, of Baltimore, and Prof. Peter Collier, of the Department of Agriculture, Washington, shows that the milk from cows fed partly on swill was richer in fat than that from cows that received no such food, and repeated chemical analyses by Dr. Bange have shown that the same has been the case here. Analyses made by Prof. Simon shows that swill is rich in certain forms of food-elements — richer even than ensilage, now so popular among dairymen. In 100 parts of swill he found:

Volatile products,	94.63.
Organic matter,	4.83.
Inorganic matter,	0.54.
	<hr/>
	100.00.

The volatile matter consisted largely of water, with a small amount of alcohol and fuel oil; not sufficient, however, to be injurious.

The solids were:

Starch isomers,	26.68.
Cellulose,	23.83.
Albuminoids,	25.30.
Gum,	6.73.
Sugar,	5.44.
Fats,	7.37.
Organic matter, extractive, etc.,	4.65.
	<hr/>
	100.00.

Analyses by Prof. Collier give very nearly the same results, and he expresses the belief that swill is a wholesome and highly nutritious form of food, and can be given to cows with advantage.

This is an extreme to which few go. The weight of opinion seems to be that, however rich in food-elements swill may be, it is injurious to cows. Distillery cattle generally look well; they increase in size and weight, but they are soft and unenduring; they have not the power of resisting the influences which cause diseases, and when attacked by disease they quickly succumb. The milk has a peculiar odor, is excessively acid, quickly undergoes de-

composition, ptomaines quickly develop and produce sickness in those who use it. It is so difficult of preservation and so unpleasant to the taste, that it cannot be used for making condensed milk. Whether this deterioration is dependent upon the kind of food, upon its condition or the time of being fed, or upon the conditions under which the animals are kept, there are differences of opinion.

It is a common opinion that distillery waste makes cows feverish, and are consequently unable to elaborate a wholesome milk. Such is possibly the case, but I think the feverish state has been overestimated in the degree and frequency of its occurrence by comparisons of temperature having been made with the standard normal to man. The fact has been lost sight of, that the normal temperature of animals covered with hair is 1° to $1\frac{1}{2}^{\circ}$ higher than in man.

My own opinion is that swill, if sweet, is not injurious, *per se*, and is not objectionable if fed in small quantities, with grain and hay or fodder to animals that are properly exercised, stabled and cared for. But the large majority of cattle fed on swill are not thus situated. The proper amount of pasturage and fresh water means such remoteness from the distillery, that the refuse cannot be profitably used. The distillery dairy is a breeder of disease and ought to be abolished. The amount of milk being brought to the city from rural districts, where alone good, fine milk is made, is increasing each year. There is no need of any one using anything but pure, wholesome milk. If people were as careful in selecting their dairymen as they should be, if they would know where their milk comes from and how it is cared for, if they would boycott the distillery dairy and take milk only from those so situated that the cows could get pure air, exercise and something near their natural food, they would get nearer the value of their money and, what is better, there would be less sickness in their families and they would consume less filth.

The general public is too apt to be misled by a name. The lacteal

fluid from "Rosedale" and "Orange Valley" does not carry with it the fragrance suggested by those names or the innocence that should be associated with Nature's first food.

You may skim, you may water the milk as you will,
The scent of the swill-tub will hang round it still.

Selected.

A NUTRIENT, TONIC, MILD STIMULANT AND AIDER OF DIGESTION.

The time has arrived when it is not necessary for one to present arguments in favor of nutrition. No one will hesitate to accept the statement that in nutrition, which is available and can be at once appropriated by the absorbents, lies our chief anchor of hope in the management of disease at one stage or another.

Of course in the more acute, inflammatory forms of disease for a time we may ignore the nourishment, our energies being directed towards combating the attack and suppressing it in the incipency.

No matter what the disease, however, after a reasonable time has elapsed we should prepare for a siege, and guard our patient against the ravages of the destructive process; and in nutrition and stimulation we certainly have our chief reliance to this end.

Medicine plays an important part in the management of our cases—a very valuable adjuvant unquestionably, and by its aid we secure a restful and tranquil condition for the patient, and at times the stimulation of the secretory and excretory organs, and at other times the specific effects that may be called for in certain specific diseases, but in all forms of disease, without exception, a nutrition which can at once go to work toward reparation is a desideratum.

It has been said that, "he who makes two blades of grass to grow where one has grown before, is a benefactor to the State." It may even as

truthfully be said that, "he who furnishes a new food product to the world has done noble work for humanity."

There can be no doubt that the various forms of food furnished for us in health, the variety that is given us by those skilled in the cooking art, has been a great advantage to us. A well-fed people can do better work than one poorly fed. That which appeals to the palate is of great value to those who are in shape for doing the work of the world; and we certainly should appreciate the labors of those who are developing and improving nutriment, but particularly should we feel under obligation to the delvers who develop the forms of food which are of practical value in the sick room.

The diet list for the acutely ill and the convalescent is at best limited; and yet it is growing larger day by day.

Science, chemistry and commerce have joined hands, and the invalid class and those who care for them are the gainers.

All are familiar with the fact that the sick and the convalescent readily tire of that which is sloppy and sweet. They often crave something that is tangible. No one questions the value of milk and the various peptonoids that have been presented.

Wines, brandies, etc., are of great value and will continue to be. Malt in one form or another is thoroughly appreciated, and occupies a high place on the list. A thought which has often entered my mind, was expressed long ago by the famous Dr. Fothergill when he said, "What a boon it would be to the medical profession if some reliable chemist would bring out an extract of malt in combination with a well-digested or peptonized beer, giving us the elements of beef; and the stimulating and nutritious portions of the ale."

Considering the value of malt, a thought or two with regard to its preparation would be in order. We know that it is made with barley moistened with water and allowed to germinate to a certain extent. It is then placed upon a kiln and exposed to heat and allowed to dry, and the amount of heat employed determines the kind of malt produced.

Pale malt, which is used for brewing ale, is dried at a temperature below 140°. Beer, porter and stout derive their color from malt that has been dried at a higher temperature.

Of course we know that the malting process converts the starch of the grain into dextrine and sugar; and is accomplished by the action of a nitrogenous principle of the nature of a ferment, which is known as diastase. The advantage of malt we all know lies not in its being nutritious itself, but by its presence in the stomach with other foods it aids in the digestion of starches.

So many things are to be considered in the preparation of malt; the materials used, the process and all connected with it requires that the plant and the entire equipment and methods engaged in its manufacture should be perfect. The individuals concerned should be fully impressed with the importance of care, and a religious regard for the perfection of the product. In the manufacture of beer, which is to be drunk by the mob, this is not so important a matter, but in the making of a product which is to be used in the sick room, thorough reliability on the part of those engaged in the work is of prime importance. In addition to all the other materials used in the manufacture of malt being pure, the water used should be scrupulously pure.

All authorities agree that more care is required in the making of a good ale than of any other malted drink.

Its clearness and taste require that the best materials should be used. Its richness in the aromatic bitter principle of the hop gives it its predominant character, but at the same time while containing a moderate amount of alcohol, the quantity of extractive matter is low. Fermentation has been carried to such an extent as to render the ale comparatively free from sugar, so that practically there is little danger of ale producing fermentation in the stomach if taken.

Some four months ago my attention was drawn to the Ale & Beef Peptonized (Bovis Cum Malto); (the identical combination suggested by Fothergill) and at once the combination struck

me as a good one. The fact that it was manufactured by the Ale & Beef Company of Dayton, Ohio, commended it. They stated in their announcement that they used the purest and best ale which could be manufactured, in combination with peptonized beef manufactured by Prof. Preston B. Rose, lately of the faculty of the Michigan State University. They claimed that it was palatable; and that it would keep in any climate; that it would aid digestion; that it would build up the feeble system and that it would be retained by the most delicate stomach; that it was absolutely pure in every part and parcel of its make up. Upon such representation I felt safe in at once prescribing it.

Since the product has been brought under my notice I have prescribed it in the sick room to one hundred recorded cases. Patients who have suffered from loss of flesh dependent upon various forms of dyspepsia, when they partook of ALE AND BEEF PEPTONIZED felt much benefited. I have now under my observation three patients, the victims of the dread disease, pulmonary consumption, in which the digestive tract is demoralized and in which it seems impossible to bring to bear any form of nutrition which is not disgusting to the patient. In all these cases the drink is a Godsend. A number suffering from prostration following serious attacks of the recent epidemic of la grippe, accompanied by loss of appetite and a general feeling of worthlessness, were braced up and greatly benefited immediately after commencing the use of the ale and beef. In half a dozen cases of typhoid fever, in which everything else was distasteful to the patient, the ale and beef pleased the palate, and nourished and strengthened the patient admirably.

I have several cases of neurasthenia on hand, who are taking the ale and beef and are much pleased with it.

It is needless to recapitulate all the various cases to which this ideal form of nutrition has been given. Suffice it to say that in my judgment the ale and beef is all that is claimed for it, and that it furnishes mild stimulation along with nutrition in a manner to be acceptable

to the most delicate stomach and agreeable to the most fastidious palate at a time when the mouth and palate is more than weary of the various forms of slop which are presented in the average sick room. The ale and beef, which is agreeable and tangible, become a very oasis in the "Sahara of sameness" of the lives of the weary victims of ill-health.

I feel personally under obligations to those who have presented so valuable a product to the medical profession; and many a tired and faded patient will be revived and strengthened by the life-giving drink, the ale and beef peptonized, which is a happy union in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of the active principle of the hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well known physiological principles and will, in my judgment, be indorsed by careful bedside clinicians. —*Love, Medical Mirror.*

THE RATIONAL TREATMENT OF BRONCHIAL ASTHMA.

In the treatment of asthma the most important factor is, of course, the recognition of the starting-point of the paroxysm. The factors whose combination produces a fit of asthma are:

1. The neurotic habit.
2. A morbid condition somewhere in the respiratory tract, it may be in the upper air-passages or in the lungs themselves, whose irritation shows itself by a reflex exhibition in the bronchial tubes.
3. The exciting factor, which may be atmospheric, digestive, mental, or other remote irritations, which act by reflex on the bronchial tubes.

All treatment of asthma is naturally divided into what may be done for the relief of the paroxysm, and what may be directed to the underlying causes, and which, therefore, may be considered more in the light of cure. For this reason it is the second factor which we are most anxious to remove, if it can be done. Whether this factor is always necessary,—that is, whether

there must be something morbid in the respiratory tract, or whether we may have bronchial asthma with a perfectly healthy respiratory area is not, perhaps, definitely settled, but there is no doubt but that we usually have this factor.

In the first place, various morbid conditions of the upper air-passages are productive of asthma, such as polypi, a deflected septum, hypertrophied turbinated bodies, and adenoid vegetations in the naso-pharynx. Unfortunately, however, although removal of these obstructions may for a time relieve the asthmatic attacks, they may recur very soon without anything in the nose to account for it. Certainly it behooves us in every case of asthma to make sure that we leave no nasal obstruction which is capable of relief.

In the conditions where the improvement from operation is only temporary, or in which no nasal disease is to be found, we must, of course, look for medical aid, and it should here be noted that, while in some cases one drug which had proved inefficacious in another instance of asthma, in this case will prove of great benefit. Probably no one remedy has given as much relief to asthmatic patients as potassium iodide,—a remedy which acts directly upon the bronchial tubes. The cases in which Dr. Knight thinks this remedy is most apt to give relief are those in which there is present more or less bronchitis, as it may be expected to thin the bronchial secretion, and possibly facilitate expectoration; further, it depresses the heart and lowers blood-pressure. It may also act in somewhat resolving old thickenings in the bronchial tract, which serve as a source of irritation. A large dose is often necessary for relief, and rapidly-increasing doses may be given until twenty, thirty, forty, or more grains are given three times a day. It should be given on an empty stomach, largely diluted with milk, and without any admixture of syrups. The iodide seems especially serviceable in cases which are hyperæmic, or due to the vaso-motor paresis. In those cases in which it would seem as if bronchial spasm was the principal feature, the use of the nitrites gives

relief. The amyl nitrite, nitroglycerin, and sodium nitrite, theoretically, should all have about the same action, but the author states that he has never been able to get the same decided effect from the sodium nitrite as from the others, perhaps because too small doses were employed. Arsenic and strychnine relieve, probably, by their action upon the neurotic base. They are particularly indicated in what are called the paralytic cases, in which there does not seem force enough in the respiratory muscles to empty the lungs of air.

In seeking to obtain immediate relief from the paroxysms of asthma, assistance may be found in some cases from a subcutaneous injection of morphine, the relief from which is more lasting than that obtained from other drugs. Asthma may in one case be due to a spasm of the bronchial muscle, and in another to vaso-motor paresis; therefore the subcutaneous injection of morphine is more apt than any other drug to give a favorable result. Still, it is true, that while in many cases it would prove highly successful, yet in others it will entirely fail to give relief, and may even induce an attack. Dr. Knight explains the relief which morphine gives as due to its producing contraction of the small vessels, so relieving the hyperæmic form of asthma, while the spasmodic form is relieved, on the other hand, by its direct sedative action on muscular tissue. On the other hand, the fact that morphine sometimes produces an attack of asthma is explained by its reducing the sensibility of the respiratory centre, inducing an attack in the same way as sleep does. The nitrites, in one form or another, give relief to many cases. This has been usually ascribed to direct sedative action upon the bronchial muscles. Dr. Knight suggests that, perhaps, in those cases which seem not to be relieved, but even to be aggravated by them, that there may be already a vaso-motor paresis, which is aggravated by the nitrites. Grindelia gives relief in very many cases, apparently acting as an antispasmodic, as lobelia does, but is a much safer remedy than the latter. Coffee, according to Hyde-Salter, acts

by counteracting the tendency to sleep, and the consequent diminished sensibility of the respiratory centre.

Dr. Knight thus calls attention to two very important points,—first, that certain cases are relieved by operative means in the upper air-passages; and, second, that the pathological conditions in an attack of asthma are not necessarily always the same, and relief is only to be expected by a correct recognition of the cause of the paroxysm.—KNIGHT, *Boston Medical and Surgical Journal*.

PROGRESSIVE PERNICIOUS ANÆMIA.

At a recent medical meeting in Vienna, Neusser addressed the assembly on the subject of pernicious anæmia. The address, though not altogether new, and not showing familiarity with some of the most recent English investigations, is not without interest as dealing with a still vexed and obscure question.

For Neusser, pernicious anæmia is simply an anæmia which tends to a fatal termination. It presents two principal forms, that is, either primary or secondary. The primary form is becoming more and more circumscribed as lesions are found accounting for it, and, doubtless, with the advance of science, will disappear altogether from nosology.

Secondary pernicious anæmia may follow repeated hæmorrhages, neoplasms, osteo-sarcomata, cancer of the stomach, gastro-intestinal ulcerations, and chronic nephritis. Certain infectious diseases may occasion it by the cachexia and depraved condition of the blood which they occasion; among these may be mentioned tuberculosis, syphilis, diphtheria and malaria. It is sometimes coincident with intestinal parasites.

As to the pathogeny of the disease, there are several factors which may be regarded as predisposing to its development, such as insufficient food, bad hygienic surroundings, depressing moral influences, the puerperal state and lactation, that is, it is probable that a certain number of cases of pernicious

anæmia following pregnancy and parturition are of an infectious nature; the absence of leucocytosis will prove this to a certainty.

There is certainly something in the puerperal state itself and in lactation which predisposes to this disease; Becquerel, Mayem and others, have shown that the number of red globules diminishes in a marked manner in these states; besides puerperality may act by septic infection, like the dysorasic infectious diseases.

Pernicious anæmia attacks the subject in full health, except when it succeeds severe hæmorrhages or puerperality. The first symptoms are pallor of the skin and mucous membranes, fatigue and prostration, headache, vertigo, palpitations, tinnitus aurium, syncopal tendencies, delirium, or other alterations of the intelligence. In some cases there are gastro-intestinal symptoms; want of appetite, gastralgia, constipation, more rarely diarrhœa. The dyspeptic accidents find their explanation in the atrophy of the glands of the stomach which so commonly attends the disease. Neusser agrees that there is little probability that there is any causal connection between the atrophy of the glands of the stomach and pernicious anæmia. The former is probably a consequence of the latter. Sasaki has found atrophy of the plexuses of Auerbach and of Meisner in pernicious anæmia: an indication that the disease may originate in alterations of the sympathetic nerve. Minnich, of Königsberg, has often found in pernicious anæmia a degeneration of the posterior columns of the cord due to capillary hæmorrhages and softening: this would assimilate the gastric crises of this disease to those of *tabes dorsalis*.

The liver and spleen are generally normal or are somewhat enlarged. The urine rarely contains albumen. On the part of the circulatory apparatus, the lesions habitual to anæmia are found. The destruction of the red globules, so habitual in the disease, may be accompanied by fever. The derivatives of hæmoglobin may be of a toxic nature, and thus explain the fever; the embolisms and thromboses of the small

vessels give rise to capillary hæmorrhages. It is precisely by reason of these febrile symptoms that progressive and pernicious anæmia has been confounded with ulcerous endocarditis of the mitral; but in the latter disease there is almost always a notable arrhythmia of the heart, with high thermic elevation.

The blood of pernicious anæmia is pale, watery, and hardly coagulates at all. The number of red globules (which are divided into macrocytes, and hæmatoblasts) is vastly diminished, being sometimes reduced to less than half a million. The number of leucocytes diminishes in the same proportion, except that in the secondary forms, leucocytosis is one of the first symptoms, and increases with the progress of the disease.

According to Hayem, the appearance of red globules with nuclei has a considerable prognostic value. According to Neusser, nucleated globules exist normally in the blood of embryos and the newly born. He says that the regeneration of the blood may take place in two ways: In the embryo, the newly born, and the nursing, the regeneration is affected according to the embryonal type, that is, by the formation of a nucleus and its elimination. In the adult it takes place by the production of hæmatoblasts, which constitute the first degree of red corpuscles. Neusser holds that when the globules with nuclei do not exceed the volume of normal globules, and when the nuclei are well colored by the ordinary blood pigment, we may conclude that the regeneration of the blood is still normal. The importance of these nucleated globules depends also on the age of the individual; when the latter is young, the regeneration of the blood resembles more that of the embryo; the older the person is the more the regeneration takes place by means of hæmatoblasts.—*Boston Med. and Surg. Journal*.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

RIGOR MORTIS.

In the course of some researches on the nature and causes of cadaveric rigidity, in the *Revue Médicale de la Suisse Romande*, Mlle. Catharine Schlipiloff endeavors to prove that rigor mortis is not caused by any special fibrinoplastic ferment, but by simple precipitation of the myosin by sarcolactic acid developed in the muscles. By effecting the artificial circulation of a very feebly alkaline fluid in the vessels of a dead animal rigor is prevented. If this artificial circulation be maintained for some time, rigor no longer returns when that circulation is discontinued, as the substance which produces the acid is probably exhausted. What that substance may be the author cannot inform us; it is not glycogen, for that substance is not used up during rigor. The acid precipitates the myosin, this phenomenon explaining the opaque whitish appearance of rigid muscles. This precipitation of the myosin is proved by microscopic investigation. Two other phenomena play a part in cadaveric rigidity—physiological and mechanical contraction of the muscles. The stimulus of the acid generated after the circulation has ceased may at first cause physiological contraction; this always occurs before the muscle has lost its normal excitability and become opaque and whitish. It may cause a maximum of shortening, but in very many cases it is altogether absent. Mechanical contraction begins after the cessation of excitability and the discoloration of the muscle. It is due to the precipitation of the myosin and to the elasticity of the muscular tissue. The cessation of cadaveric rigidity is due to the resolution of the myosin in an excess of acid. This action of excess of acid on the myosin can also be proved by microscopic examination; it also causes the muscle to become supple again, and its extreme mechanical contraction undergoes slight abatement. The effects of death on the myosin contained in muscular tissue must be borne in mind, not only by experts who examine muscle in cases of death from paralytic and spastic affections, but still more by pathologists

less skilled in the special examination of muscles and nerves, for they may be deceived in respect to alleged fatty changes in the heart and uterus, which are widely believed to occur under well-known physiological and pathological conditions, although careful observers declare that the degeneration is often not fatty at all.—*British Med. Journal*.

SPONTANEOUS RUPTURE OF THE SPLEEN IN MALARIA.

Dr. Francis Nicoletti, of Assoro, in Catania, reports (*Riforma Medica*, November 28, 1889,) a case in which spontaneous rupture of the spleen occurred in a person suffering from malaria. The patient was a lad of fifteen living in a malarious district, and exhausted by repeated attacks of intermittent fever. His nourishment was scanty, and though weak and ill, he was forced to continue his work in a sulphur mine. The work, which consisted of carrying burdens of more than 120 lbs. in weight up steep subterranean passages nearly a mile long, was far too heavy for his strength, and he often complained of a dull pain in the left hypochondriac region. One day when at work he felt a sudden sharp pain in the same place, turned deadly pale, and fell fainting to the ground. He was carried out of the pit, but died before reaching home, twenty minutes after the seizure. A medico-legal examination was ordered, but no mark of violence was found on the body. The cranial cavity, the heart and the great thoracic vessels were absolutely empty of blood; the lungs presented no abnormality beyond the peculiar slate color usually seen in sulphur workers. On opening the abdomen in the middle line a quantity of blood-stained liquid gushed out, and on turning aside the intestinal coils, the whole of the left hypochondrium was seen to be occupied by a blood clot as large as a child's head. Inside this mass was the spleen, which presented a laceration on the anterior margin, commencing about four centimètres below the notch and extending to the hilus. The rent measured altogether ten centimètres in length. The splenic pulp

was so friable that the greatest care was necessary in handling it. The weight of the organ was 680 grammes. No other lesion was found. Dr. Nicoletti attributes the occurrence to sudden passive engorgement of the diseased organ during extreme muscular effort.—*British Med. Journal*.

A CASE OF OBSTINATE VOMITING CURED BY SKIM MILK AND ARSENIC.

A girl of nine had vomited daily for several months, of late after each meal, with little pain or inconvenience. Nothing but frothy yellow food was vomited. After vomiting she felt hungry. Bowels were rather loose; tongue clean.

Abdomen and chest, on examination, seemed normal, and child appeared healthy. The child's mother had a delicate stomach.

For the treatment of the condition in the child numerous remedies were tried, and alterations and suggestions made in her diet. Bismuth, rhubarb, sodium, and other stomachic sedatives were tried, but without much help. *The diet was then limited entirely to skim milk, and two drops of liq. arsenicalis* were given thrice daily after the milk. The vomiting immediately ceased, and several days after she managed to retain a little beef tea and dry toast, and now feels as if she were able to take the round of the house.

—ANDREW, *Glasgow Med. Jour.*

HOW TO CLEAN HYPODERMIC SYRINGES.

The *Deutsch. Med. Wochenschr.*, 1889, says: Syringes, whose canals have become obstructed so that a fine wire cannot be drawn through, are cleaned by holding them for a moment over a flame; the foreign substance is thus quickly destroyed and driven off. If a wire has been rusted into the needle it should be dipped in oil before holding over the flame. To remove the rust from the interior of the canula it is well to pass oil through the canula, then heating it; then rinse it out with alcohol.

—*Pacific Record*.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

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DR. J. C. CULBERTSON,
EDITOR AND PUBLISHER,
199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, April 5. 1890.

The Week.

THE SEASON AND ITS LESSONS.

The winter that is past was remarkable for a continuous high temperature and large amount of rainfall. Peach trees in this vicinity bloomed in January and February, but were sadly nipped by a freeze in the first of March. Excessive rains have continued to the present time, keeping all the rivers and small streams bank full, and much of the time overflowing and at flood height, causing great destruction of property. Many lives have been lost, and much sickness induced by the dampness of dwellings in the lowlands. The elements seemed to have lost their balance-wheel; commotions and disturbances have been rife, sometimes culminating in terrific tornadoes, one of which passed over and through our sister city of Louisville, causing great destruction of property and the killing of more than a hundred people. This same tornado extended its direful work through southern Illinois, western Kentucky and southern Indiana. The wind was very high and

was accompanied with very heavy rain at this point. Accidents were few and there were no disasters like those in the tracks of the storm at other places.

As we mention the atmospheric disturbances that wrought such direful deeds, we must note the unprecedented floods of the lower Mississippi that have and are causing a dreadful destruction of property, and are likely to be followed by a season of sickness among the people.

In the Northern States there has been a visitation of La Grippe or Russian influenza that has caused very many deaths, estimated by statisticians as greater than from any epidemic of cholera that has ever visited this country.

Locally our city is suffering from a deficient water-supply, caused by the low location of the city water-works, whereby the pumping machinery has been for an unusually long period kept below the high water line.

The gardeners in the extensive Millcreek valley have twice had their early growing vegetables submerged and destroyed, while many factories located in that district have been obliged to cease operations until the waters would subside.

The flood furnished a practical demonstration of the necessity of walling the banks of Millcreek to a height of at least sixty-five feet. Such walls this year would have saved very many thousand dollars worth of property, to say nothing of the comfort and well-being of thousands of people. The sooner our legislative authorities are aroused to the value and necessity of this work the better it will be for the entire city.

THE FATHER OF OVARIOTOMY.—
The *British Medical Journal* of March

8 has on page 568 an excellent half-page engraving of the house in which the first ovariectomy was performed by Ephraim McDowell, followed by a handsome tribute to the memory of that eminent surgeon by Sir Spencer Wells.

NUTRIENTS.—All practicing physicians are interested in acceptable and palatable nutrients. We reproduce on page 421 a paper on this subject by Dr. Love, of St. Louis, whose systematic observations are so familiar to the profession of the Mississippi Valley.

AN OPENING.—Mr. W. H. Holbrook, Post-master at Junction City, in Southern Illinois, writes us that a good physician is very much desired at that point. A good practice is assured to an acceptable man.

A FIRST-CLASS LOCATION for an unmarried *regular* physician. Address,
JOHN CLARK, JR.,
Fleming County. Hillsboro, Ky.

LOCAL SOCIETY NOTICES.

CINCINNATI MEDICAL SOCIETY.—

April 8, DR. JOS. EICHBERG will read a paper on "Acute Poliomyelitis," with sections of the cord. Discussion by Drs. Comegys and Carson. DR. N. P. DANDRIDGE will exhibit a new instrument. DR. B. M. RICKETTS will present a patient suffering from "Drug Eruption," with the medicine producing it.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacilli.

AMONG THE SOCIETIES.

THE AMERICAN MEDICAL ASSOCIATION.—The indications point to a large and successful meeting this year at Nashville. On that occasion there ought to be a registration of more than fifteen hundred delegates. Nashville is fairly situated in the very centre of the South, from all portions of which should come a full representation of the local societies; while the populous Ohio valley and other portions of the North should go in full numbers, carrying with them a cordial social greeting, sandwiched with scientific papers and bubbling over with observations to be let loose in discussion. Many men don't go to these annual meetings because they think they can't spare the time or necessary expense; very often the apology is a threadbare excuse. The men who go are nearly always gainers. Their hearts are enlarged, their vision expanded, their intellects are brightened and fed, while their whole being is freshened; the time is not lost, but well spent, and the financial investment uniformly returns a full per cent. We are going, and want to see just as many of our friends there as possible.

THE SOUTH-WESTERN OHIO MEDICAL SOCIETY.—The semi-annual session, to be held at Springfield on the 17th and 18th of this month, promises to be of unusual interest. Not less than twenty papers have already been prepared and promised. These cover quite impartially the various fields of medicine.

The subject for the general discussion at the evening session of the 17th will be "Antiseptics in Obstetrics." It will be opened by a paper from Dr. J. C. Reeve, of Dayton.

The final programme will be print-

ed on or about the 10th. Any others desiring to read papers have an opportunity to have their subjects go upon the programme *only by writing promptly* to the President, Dr. Read L. Bell, Springfield, Ohio, *immediately upon receipt of this notice.*

* * *

The Ohio State Medical Society will meet this year at Columbus, June 3. It is very desirable that the attendance should be large and that this old organization should receive a pretty large injection of the elixir vitæ. The place of meeting is central and easy of access from all parts of the State. Let's all go and give it a boom.

* * *

The Indiana State Medical Society meets this year at Indianapolis, May 14. This organization is always full of good work, and just teems over every year with good things that would be creditable to the picked men of our profession.

* * *

The Kentucky State Medical Society will meet this year at Henderson, May 14. Henderson is the home of one Dr. Arch. Dixon. If all his professional friends go to Henderson on that occasion, the entire town, to say nothing of its inns and hotels, would be insufficient to hold them.

We regret to note that the Kentucky and Indiana State Societies meet on the same day, as it will cause many a Hoosier and Corncracker doctor to utter the vain wish that he were twins, so as to enable him to attend both meetings.

* * *

The Illinois State Medical Society will meet this year at Chicago, May 6. The Chicago profession alone should assure the success of the meeting, while the occasion will be taken advantage of

by many located in other parts of the State who like to visit their State metropolis, if for no other purpose than to see where so many go to raise the wind, etc.

* * *

The West Virginia State Medical Society meets this year at Wheeling, the metropolis of the State. This Society is one of the very best in making a show of good papers and discussions. Never having had a medical college within their state boundaries, there has been a freedom from the rivalry that is too frequently begotten by these very necessary institutions. The Society has always had first-class men in its membership who have taken a commendable pride in contributing to its success.

TENTH INTERNATIONAL MEDICAL CONGRESS.

The Committee of Organization of the Tenth International Medical Congress, R. Virchow, President; E. von Bergmann, E. Leyden, W. Waldeyer, Vice-Presidents; O. Lassar, Secretary General, have appointed the undersigned members of an American Committee for the purpose of enlisting the sympathy and coöperation of the American profession.

We are assured that the medical men of our country will receive a hearty welcome in Berlin. The Congress promises to prove of inestimable value in its educational results, and in securing the ties of international professional brotherhood. It is most important that the American profession should participate both in its labors and its fruits.

Delegates of American Medical Societies and institutions, and individual members of the profession, will be admitted on equal terms. The undersigned, therefore, beg to express their hope that a large number of the distinguished men of our country will appreciate both the honor conferred by this cordial invitation and the oppor-

tunity afforded us to fitly represent American medicine.

The Congress will be held at Berlin, from the 4th to the 9th of August, 1890.

The arrangements in regard to a few general meetings and the main scientific work, which is delegated to the sections, are the same as in former sessions. A medico-scientific exhibition, the programme of which has been published a few weeks ago, is to form an ingredient part. It is to the latter that the Berlin Committee is very anxious that both the scientific and the secular press should be requested to give the greatest possible publicity.

The office of the Secretary General is Karlstrasse 19, N. W., Berlin, Germany.

S. C. BUSEY, Washington, D.C.

WM. H. DRAPER, New York.

R. H. FITZ, Boston, Mass.

H. HUN, Albany, N.Y.

A. JACOBI, New York.

WM. T. LUSK, New York.

WM. OSLER, Baltimore, Md.

WM. PEPPER, Philadelphia, Pa.

J. PEYRE PORCHER, Charleston, S.C.

J. STEWART, Montreal, Can.

[Queer that the Committee on Organization had its vision occluded by the Alleghanies].

EFFECTS OF CLOSE SHAVING.

A writer in the *Medical Classics* looked through a microscope at a closely shaved face and he reports that the skin resembled a piece of raw beef. "To make the skin perfectly smooth requires," he says, "not only the removal of the hair, but also a portion of the cuticle, and a close shave means the removal of a layer of skin all around. The blood-vessels thus exposed are not visible to the eye, but under the microscope each little quivering mouth holding a minute blood drop protests against such treatment. The nerve tips are also uncovered and the pores are left unprotected, which makes the skin tender and unhealthy. This sudden exposure of the inner layer of the skin renders a person liable to have colds, hoarseness, and sore throat.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending March 29, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Croup and Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	1	..	..	..	..
2.....	2	..	..	..	..	..	..	..
3.....	1	1	..	..	..	..
4.....	..	2	..	..	..	..	..	..	..	..	..	..
5.....
6.....
7.....	1	..	..	..	..	..	..	..	..	..
8.....
9.....	1	..	..	..	..	..
10.....	1	..	..	..	..	1	..	..	..	..
11.....	2	1	..	..	..	..
12.....	2	..	..	..	..	..
13.....	1	..	..	..	..
14.....	1	1	1	..	..	..
15.....	1	1	..	..	..
16.....
17.....
18.....	1	..	..	..	..	..	..	..	..	..	..	..
19.....
20.....
21.....	1	..	..	..	..	..
22.....
23.....	1	..	..	..	2	..	..	..	..	..
24.....	4	..	..	..	..	..
25.....	1	1	..	..	..
26.....	1	..	..	..	..	..	..	..
27.....
28.....	1	1	..	..	..	..
29.....
30.....	4	..	..	..	..	..
Cin Hosp
Ger. Prot.
Hosp...
Totals....	1	2	3	..	3	19	9	4	..	..	..	..
Last week.	15	..	4	..	3	2	16	6	2	..	4	1

The following is the mortality report for the week ending March 29, 1890.

Diarrhoea.....	1
Dysentery.....	1
Diphtheria.....	9
Enterocolitis.....	1
Measles.....	2
Typhoid Fever.....	4
Other Zymotic Diseases.....	6—24
Cancer.....	1
Phthisis Pulmonalis.....	12
Other Constitutional Diseases.....	6—19
Apoplexy.....	3

Bright's Disease.....	1
Bronchitis.....	7
Convulsions.....	3
Heart Disease.....	8
Liver Disease.....	2
Peritonitis.....	1
Pneumonia.....	22
Other Local Diseases.....	23-70
Old Age.....	1
Premature Birth.....	3
Other Developmental Diseases.....	10-14
Accidental.....	2
Deaths from all Causes.....	129
Annual Death-rate per 1,000.....	21.25
Deaths for corresponding week in 1889....	134
Deaths for corresponding week in 1888....	128

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 63 cities and towns during the week ending March 25, 1890:

Diphtheria: Cleveland, 12 cases, 2 deaths; Toledo, 15 cases, 3 deaths; Springfield, 5 cases, 1 death; 4 cases each in Findlay and Zanesville; 3 cases in Dayton; 2 cases each in Columbus, Mansfield, Winchester, and Richwood; 1 case and 1 death each in Urbana, Lancaster, and Ripley; 1 case each, no deaths, in Massillon, Ada, Miamisburg, and New Washington.

Scarlet Fever: Cleveland, 10 cases, 1 death; Columbus and Springfield, 8 cases each; Geneva, 6 cases; Toledo, Chillicothe, and Dayton, each 4 cases; New Washington, 3 cases; 2 cases each in Massillon, Cambridge, Mt. Vernon, Urbana, Fostoria, and Hartwell; 1 case each in Zanesville, Uhrichsville, Bellaire, Findlay, Wooster, Chester Hill, Kent, Bedford, and Ripley.

Typhoid Fever: Cleveland, 3 cases, 1 death; Bellaire, 2 cases, 1 death; Piqua, 1 death; 2 cases each in Springfield, Ada, and Miamisburg; 1 case in Fostoria, Youngstown, and Uhrichsville.

Whooping-Cough: Cleveland, 3 deaths; Toledo, 1 death; Richwood, 1 case, 1 death; Defiance, 2 cases; St. Paris, 1 case.

Measles: Cleveland, 34 cases, 1 death; Ada, 61 cases, 1 death; Lorisin, 3 cases; Garrettsville, 17 cases; Massillon and Findlay, 15 cases each; Warren, 12 cases; Arcanum, 5 cases; Defiance and Versailles, each 4 cases; Piqua, 1 death; Brookfield, St. Paris, and Bloomingburg, each 1 case; Bellaire, "many cases."

Twenty-six towns report no infectious diseases present.

C. O. PROBST, M.D., Secretary.

JOHN F. WILTSEE,
UNDERTAKER & EMBALMER,
 293 & 295 W. Sixth St.,
 CINCINNATI.
 TELEPHONE 740.

HYPODERMIC INJECTIONS OF CARBOLIC ACID IN THE TREATMENT OF PILES.

LOUISVILLE, KY., March 1, 1890.

To the Profession:

I would like to ascertain how the method of treatment of hemorrhoids by injections of carbolic acid stands with the medical profession. I would be pleased to hear from those who have used it as to its merits or demerits. Those who read this request will confer a favor by writing me, giving the number of cases treated, the number of cures, the number of deaths, or any other matter connected with this method of treatment which they may deem of importance.

I wish to publish the results of this method of treatment.

GEO. J. MONROE, M.D.

442 W. Walnut street.

MELANCHOLIA may be diagnosed, according to Dr. Landon Carter Gray, by the conjunction of three signs, namely: melancholia, marked insomnia, and a post-cervical ache. This form of insanity is one which often escapes observation entirely, until it is brought to light in a forcible manner by some act of violence of the patient upon himself or some one else. Even where it is suspected there is great difficulty in arriving at a positive diagnosis, as the depression of spirits, which is its chief characteristic, is not uncommon where there is no cerebral disease. Consequently, if Dr. Gray be right, and he seems confident that he is, in placing a high diagnostic value upon the conjunction of the three symptoms mentioned, the contribution that he makes to practical medicine is of great value, particularly to the general practitioner, by whom the diagnosis of insanity is usually made with great uncertainty.

—N. W. Lancet.

A WRITER in the *Medical Brief* expresses his conviction that no one can be a Christian and have an anal fissure.

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Whole Volume LXIII.

Original Articles.

**EFFECT OF ALCOHOL ON
THE EYE.**

A Paper read before the Academy of Medicine,
March 17, 1890.

BY

C. W. TANGEMAN, M.D.,
CINCINNATI, OHIO.

In taking up the subject of the effect of alcohol on the eye and its accessory organs, I should prefer to limit my remarks to the manner in which changes are brought about on this organ of special sense, and what they are. The effect or action of alcohol on the human organism generally, must not come into consideration in this paper.

I might as well state at the onset, that my observations will have reference to the effects of unadulterated beverages, and not such drinks as contain agents harmful to the organism aside from the percentage of alcohol that they contain. This is done with a view to limit the discussion to the effects of alcohol. It is claimed that when a larger quantity than one and one-half ounces of alcohol are ingested during twenty-four hours, free alcohol can be found in the secretions. It is the free alcohol in the circulation, in the blood impregnating every tissue of the body, that causes the pathological changes that many organs undergo in chronic alcoholism, or are these changes results of a hypernutrition induced by such quantities of alcohol as are within the limit of one and one-half ounces per day? I am inclined to believe that the damage done is caused by alcohol as such, that it requires direct contact. The changes in the liver and kidneys

occur early, since the great diffusibility brings it in contact with these structures almost immediately after ingestion. Susceptibility undoubtedly plays an important rôle, since the dose producing toxic symptoms in one individual may cause no disturbance in another. The excessive indulgence, at long intervals, does not produce any pathological changes, since it is eliminated so very rapidly, but the so-called habitual drinker, who is never really sober but always a little intoxicated, will early show signs of alcohol poisoning.

The effects of alcohol on the acuteness of vision is often a valuable aid where the patient conceals or denies drinking. The most common symptom produced on the part of the eye, is a redness of the eyeball and lids. The free margin of the lids becomes altered and thickened, and the tear ducts fail to carry off the lachrymal secretions properly. The conjunctiva, in all of its divisions, is inflamed and swollen. There appears to be a hypernutrition of this structure. The subject has a peculiar vacant stare, the eye looks bleary and dull, as if the aqueous were hazy, and finally the skin of the eye lids and the face becomes quite red. These changes are brought about by a long continued engorgement or congestion of the smaller blood vessels. So far vision has not suffered, but the patient is beginning to complain that his eyes tire easily. He sees only by the use of very strong convex glasses, and then not for any great length of time.

The most annoying symptom to the patient is that all objects that he sees are surrounded by a fog. He sees an object distinctly for a moment, when suddenly without any apparent cause, everything appears misty. At night

these patients see very poorly and many of them can not get around alone. The peculiar grey fog resting over objects, flashes of light and sparks emanating from them at night, are among the most frequent early symptoms. Up to this stage there may not be any ophthalmoscopic signs pointing to serious disturbance of the optic nerve. Passive congestion may cause blindness by inundating the nervous centers with blood, but in the subject before us we not only have produced a congestion of the brain, but have overloaded the blood with a given quantity of free alcohol. If the patient abstain from the use of alcohol for a time, vision again becomes normally acute. In a large majority of cases the advice of total abstinence is not given sufficiently early and in a still greater number total abstinence is not practicable, therefore many of these patients will go on, step by step, until vision is reduced to such a degree that it is of little service to them.

It has been claimed that alcohol poisoning will not cause complete blindness. We are in position to dispute that point; even in the cases where loss of vision is not complete, it is reduced to such a degree that the patient is worth nothing to himself or humanity generally. If the toxic influences continue, the field of vision gradually becomes disturbed. A central scotoma or blind spot develops, leaving the periphery of the field of vision intact. About this same time the color sense seems to be disturbed; red suffers first, long before the patient can notice any great diminution of the white light. Blue perception remains longest. This is an urgent reason why sailors and railroad employes should be subjected to examination to determine the acuteness of vision and color at no great intervals.

If we now examine an eye of this kind with the ophthalmoscope, we will find in the great majority of cases an absolute paleness of the temporal side of the optic disc, and complete optic nerve atrophy. The outer half of the disc becomes excavated, and if we make a section through this region and place it under the microscope, we will

find that the retina supplied by these fibers has undergone changes of the nature of a fatty degeneration. The optic nerve has degenerated into a band of connective tissue. All traces of the nerve fibres have disappeared, as well as the connective tissue arrangement between the fibers. This tissue change begins nearly always at the same time in the two eyes, while one or the other may be greater in extent. It always begins at the ocular extremity of the nerve (a fact that has never been satisfactorily explained) and travels toward the deep origin of the nerve.

These symptoms are special and cannot be recognized by every physician, while there still are other signs easily recognized. In some cases there is paralysis of accommodation only, and when this symptom occurs in an individual addicted to the use of alcohol, the diagnosis is not difficult. If the visual power is reduced rapidly, the same in both eyes and all of the media are clear, we are pretty safe in saying it is pathognomonic of alcohol poisoning; and if such symptoms recur from time to time we may predict complete blindness. True, there are a few agents whose action on the eye is similar to the effects of alcohol, namely, tobacco, lead, mercury, silver, and in some few cases, quinine. Especially is this true of tobacco; but in the majority of cases it would not be difficult to determine the cause, since the toxic effects of the drug must be continued for some time before it will cause the symptoms above described. Should the patient be addicted to the excessive use of tobacco at the same time when he is abusing himself with alcohol, all of these changes would occur very much sooner.

The condition of the pupil in these patients is often of extreme interest to the physician, especially when the patient is a stranger and found in an unconscious state. If the coma is due to the effects of alcohol the pupil is narrower than in health, and while the pupil will dilate when shaded, its actions are very sluggish and irregular. Atropine brings about only a moderate

dilatation, which does not continue but a very short time. While in apoplexy the pupil is, as a rule, dilated.

The perception of hideous objects of the patient during an attack of delirium, such as serpents, bugs, spiders, cats and dogs, etc., arises from a disorder of the central nervous system, and are simply delusions.

Individuals under the influence of alcohol sometimes complain of seeing an object double that is really single before them. This is caused by a disturbance of the visual axis. The act of convergence cannot be accomplished properly, because the voluntary muscles cannot be controlled by the patient. This accounts for the many ludicrous blunders that are made by the inebriate. The other parts of the eye, as the choroid, vitreous, etc., are but rarely disturbed by the effects of alcohol, and then possibly only secondarily.

The question now naturally arises, what shall be done with these cases? Eminent authority says complete blindness will not take place, but the patient must quit absolutely the use of alcoholic beverages. All of you who had any dealings with patients suffering from chronic alcohol poisoning, can readily appreciate how difficult it is in these cases to induce total abstinence, even at the expense of vision or even reason.

If the amblyopia is only beginning, close confinement and total abstinence is often all the treatment required. Local blood letting by the Heartloup leech, together with the administration of cathartics, has been resorted to in some cases with advantage. The general condition must be given some attention. Often there is chronic catarrh of the stomach and bowels. Small and often repeated doses internally and hypodermatically, of strychnine, are said to cure the ascending neuritis above described. While this may be true, it cannot be proved. Cases recover vision under its administration, but not after there is fatty degeneration of the nerve fibers. The only conditions benefited by strychnine, is where the temporal side of the disc begins to get pale, due to func-

tional causes, brought about by the over-excitation of the nerve centers, which may be controlled by a bitter tonic.

[FOR DISCUSSION SEE PAGE 440].

TWO CASES OF INFLUENZA:

WITH FATAL SEQUELÆ.

A Paper read before the Cincinnati Academy of Medicine, March 17, 1890,

BY

J. L. CLEVELAND, M.D.,
CINCINNATI.

One singular feature of the epidemic of influenza that we have just passed through is the depressed and weak condition that very many of its subjects are left in, out of proportion, too, to the severity of the attack. All cases were not affected in the way of which I am speaking, but the feature referred to was the rule, I think, in these attacks, viz., great depression and bodily weakness and unusual slowness in rallying or recuperating, and responding unsatisfactorily to tonics or food, requiring an unusual time to be restored to their ordinary standard of health.

What I have stated, I think, has been the common observation of physicians. While there has been a very general similarity of the symptoms in these attacks, still, there has been a great *diversity* of symptoms reported; many of these, I am persuaded, were not peculiar to the disease, but were individual. We are probably not through yet hearing and meeting with the sequelæ, though considerable has been said on that point in the journals. It is not my object to discuss the subject of influenza, but to report two cases that terminated fatally, which seemed to be due indirectly to the influenza; one of them, in fact, appeared to be directly due to it.

CASE I.

The first case, a well preserved woman, aged fifty-four, was taken sick January 4 with the prevailing epidemic; severe pain in the back and extremities, and severe frontal headache; temperature 102°. Acetanilid controlled and relieved these symptoms very nicely,

and in about three or four days she was feeling pretty well, except that she felt very much depressed in mind and complained of being very weak. This attracted no special attention, as it was a very common sequel in these conditions. Tonics were administered, and in ten or twelve days the case was dismissed. In a few days, however, I was sent for again, and found that she had not improved as I had anticipated, but that she was worse. There was œdema of the feet, and what appeared to be abdominal ascites; of this I was not certain, for she was a fleshy woman and had a great deal of abdominal fat. Her respiration was labored and asthmatic, with abundant dry bronchial râles. The heart beat was feeble, and had a distinct intermission every third or fourth beat. I suspected albumen, but examination found none. The asthmatic and heart symptoms improved under potassium iodide and digitalis, and in a few days she was comparatively comfortable; the œdema and ascites yielded more slowly, but it gradually disappeared.

I expected now to see convalescence fairly established, but her system did not respond as I expected. Another set of symptoms now became troublesome. Dyspepsia developed. She would have a moderately good appetite, but after eating she would complain of pain and heaviness in the epigastrium, with eructations of gas: this symptom was constant and at times annoying, neither pepsin nor muriatic acid relieving it; a brisk calomel purge would relieve it temporarily, but it would soon return and seem to be aggravated. She now began to complain of pain and tenderness over the liver, and with this pain and soreness there was a slight rise of temperature. I never found it above 100°; in the morning it would be entirely absent. It was so distinctly intermittent that I thought quinine indicated. This for a time seemed to control the fever and relieve to some extent the hypogastric tenderness, but only for a short time. The epigastric heaviness and discomfort was constant. The liver soreness and pain exacerbated, and at times was quite acute, so much so that

at one time a large blister was applied, which afforded some relief. The epigastric and hypogastric symptoms continued, as above stated, for more than two weeks. While the patient did not seem to be in a dangerous condition, her situation was unsatisfactory, and she remained provokingly about in the same condition.

On March 3, about noon (I had seen her in the morning and she seemed to be pretty comfortable), I was called and found her suffering great agony. She located it in the splenic region, and that portion of the abdomen was tender to the touch. Hot fomentations and opiates were ordered. In the afternoon I was sent for and found that the treatment had afforded no relief. She had been vomiting since my visit, and probably none of the opium had been retained. Her pulse was rapid and feeble; perspiration stood over the surface of her body; her abdomen had become tensely tympanitic, the tenderness general, and the pain, as she expressed it, unendurable. Without delay she was given one-fourth of a grain of morphine hypodermically: this was repeated before the pain was relieved. She went into a condition of collapse and never rallied. The next day, March 4, she died. She presented symptoms of general peritonitis, but I cannot tell why this came on so suddenly and terminated fatally.

CASE II.

This case is even more interesting than the one just reported.

February 4, C. S., aged thirty, a healthy young blacksmith, presented himself in my office suffering from the prevailing epidemic. The symptoms were more than usually acute. Temperature 104°; pulse 115 to 120; pain in the back and extremities of the most excruciating kind. A mercurial purge and acetanilid were ordered him. I did not see him again until the 6th inst., when I saw him at his home. The fever had subsided, and the break-bone symptoms of two days ago had been relieved, and he only complained of extreme weakness and great depression. Tonics were administered. I expected him to rally in a few days, but he did

not. The weakness and depression, with gloomy forebodings, continued. He moved about with great difficulty, such efforts causing him to gasp for breath.

I now discovered that he had a phenomenally slow pulse, only forty per minute, with labored respiration. On the 10th I found him suffering from excruciating pain in all his joints, without ability to move at all without extreme pain. His temperature was 102° ; pulse 50. Salicylic acid relieved the joint pains and induced profuse perspiration. As soon as his temperature became normal the pulse fell again to forty and remained about the same, sometimes a few beats below and sometimes a few beats above. The respiration was heaving and there was a cough, with abundant mucous expectoration. The symptoms suggested pneumonia, but no consolidation was found at any time, and air entered freely into all parts of the lungs. The respiratory trouble was doubtless circulatory in origin. His mind was perfectly clear at all times, except when he had the rheumatic fever, when he was slightly delirious and had delusions; but this was transitory, and he could easily be recalled by speaking to him; this passed away with the fever. His mind was bright at all times, never even inclined to be somnolent. His urine was passed freely and the bowels moved freely. No swelling of the extremities or evidence of ascites. Emaciation went on rapidly; most of the time he loathed food, and what he took he forced down.

The extreme weakness and depression continued; nothing I did seemed to make any change for the better. The pulse remained slow (forty) and the respiration hurried, about twenty to twenty-five per minute. Alcoholic stimulants, quinine, kal. iodidi, carbonate of ammonia, nitroglycerine and digitalis were in turn resorted to, but nothing seemed to have any favorable influence upon his condition. On the morning of February 24, the twentieth day of his sickness, after having had a very good night's rest and while sitting up in bed, he was seized with a convulsion, which lasted for about fifteen minutes. These

continued with short intervals during the day, and in the evening he died, apparently from heart failure.

I am certain that it is in the mind of all that have been listening to me that these convulsions were uræmic, and this man was suffering from nephritis. So it occurred to me after the convulsions began, but then it was too late to get a specimen for examination. But before this there was nothing that pointed to the kidneys as diseased organs. His urine had been free during his whole sickness. No blood, no special lumbar pain, no diarrhœa or œdema—nothing, in fact—had drawn my attention to the kidneys. I had never observed, nor had I seen it stated, that kidney trouble was attended by an abnormally slow heart. I was prepared to see my patient die from heart failure, but to see death ushered in with convulsions, without any kidney or nervous symptoms, astonished me. In one sense, it is true, the slow pulse was a nervous symptom, indicating that there was some pressure or irritation at the heart centre; but there was no cerebral disturbance, except a slight mental aberration during the first few days of his sickness, and there was no evidence of stupor or hebitude at any time. Even on the day of his death, between convulsions he was bright and rational, and only complained of exhaustion and extreme weakness.

[FOR DISCUSSION SEE P. 442.]

DR. BLACK urges that when a person has reached a stage of abnormality at which he can not do without alcohol it is better to have him substitute morphine. The reasons for this change which he presents are: First, economy; second, less annoyance to his family and neighborhood; third, less liability of transmitting the neurosis or tendency to this disorder; fourth, a great sanitary saving to the State in diminished crime and social disturbance; fifth, greater longevity and more happy and peaceful death.—*N. Y. Med. Times.*

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AN UNTREATED CASE OF ANEURISM OF THE INNOMINATE ARTERY.

BY

CHARLES A. CASTLE, M.D.

The following notes on a case of aneurism of the innominate artery are of interest as, in the first place, exhibiting the natural history of a case of that affection almost uninterfered with, and certainly not interrupted by either medicinal or surgical treatment; and, in the second place, the vast size of the aneurismal cavity discovered post-mortem.

The patient was a mulatto, widow, aged thirty-three, and a housewife. There was no history or evidences of syphilis, rheumatism, or Bright's disease. The probable cause of the diseased condition was to be traced to a heavy fall upon the right chest occurring some years previously, and this probability was strengthened by finding post-mortem an old fracture of the first rib which had mended with quite a little overlapping.

I first saw the patient in April, 1887. In the preceding January (being up to that time in the most excellent health) she had first noticed a small pulsating tumor presenting itself above the right clavicle, projecting from behind the right sterno-clavicular joint. It grew rapidly, and was productive of much pain. It soon formed an irregularly-rounded, somewhat flattened mass projecting from the neck and chest-wall and extending from the lower border of the thyroid gland to the fifth rib, and from the left chondro-costal junction to the right axilla.

All of the classical signs of aneurism were present—the expansile pulsation, the bruit, the retardation of the pulse in the distal arteries. Pain at the site of the tumor, on the right side of the head and face, and in the course of the distribution of the brachial plexus, was always severe, and at times excruciating.

The case was explained to the patient and her family, and operation was proposed and refused. Nearly absolute

rest was secured, as the patient was disinclined toward any but the recumbent position. Had she consented to go to the hospital perhaps the iodide of potassium treatment might have been essayed, but this is more than doubtful, as a more unpromising case for medical attention has seldom been seen than she presented in the month of April. Being one of the out-door poor of the municipal charities, it was out of the question for me to use the iodide in quantities sufficiently large to have given either her or it a reasonable chance. My treatment, therefore, was practically restricted to an attempt to control the pain—a difficult, almost an impossible, matter, either with morphia or codia.

I watched the case closely from April until September, when the lethal termination was reached. During that time the tumor presented singular variations in size, shape, and consistency. Sometimes the pulsation would be very marked, even to the eye, while at others it would have diminished to such a degree as to demand touch for its detection. On two occasions, in June and again in August, a new lobule, if I may so term it, suddenly and spontaneously added itself to the confines of the tumor. The patient declared that on these occasions she had distinctly felt something give way with a tearing pain and had suffered from a momentary faintness. These additions to the tumor both occurred in the neck and were probably due to the giving way of some part of the weakened deep cervical fascia, through which the blood burst, only to be arrested by tissues which its constant pulsation had already partially condensed.

At one time, in May, the patient was threatened with death from dysphagia, and I consulted Dr. Dandridge as to the advisability of a gastrostomy; but the alarming symptoms yielded, the necessity for an operation disappeared, and she was never again troubled in this manner.

One spot about the size of a silver half-dollar and situated over the upper part of the sternum, presented for two or three months the appearance of an inflamed area, the overlying skin of

which was about to break down and slough. It was always, from its first appearance, angry looking, soft, and tender, but never either sloughed nor repaired. In attempting at the post-mortem to dissect back the skin from over this point, to which it was adherent, the knife entered the sac of the aneurism. The wall at this point was not more than one-sixth of an inch in thickness.

In July the patient passed through a typical case of fibrinous pneumonia, involving, as near as could be made out from the confusing physical signs, the lower and posterior part of the right lung. Her temperature ranged as high as 103° F. Dr. Wm. E. Shaw saw the case with me at this time. Throughout August the patient continued to expectorate purulent and prune juice matter, and finally succumbed from exhaustion in the first week of September.

The dissection of the specimen from the body was tedious and difficult. Needful respect for the feelings of the relatives, some of whom were present, prevented the mutilation of the body that would have been necessary to secure all the parts of interest. The internal dimensions of the aneurismal sac were taken *in situ*. It measured twenty-five centimetres antero-posteriorly and the same in its vertical diameter. These measurements were from the solid walls of the sac and not from the depths of the numerous pockets that gave off in various directions. I believe this to be the most capacious sac on record. It extended up the neck near the median line nearly to the lower border of the thyroid gland. It had emerged from between the ribs and had dissected up the tissues in front of the sternum as far down as the junction of the third rib. The lateral and anterior surfaces of the sternum were eroded, and the articulating surfaces for the right clavicle and first rib were extensively destroyed. The first rib, as before mentioned, was found to be the seat of an old fracture, about an inch and a half from its sternal end, which had united with overlapping; but the rib and the repairing callus were both greatly eroded. The second, third, and

fourth ribs had been destroyed anteriorly to such a degree that an extensive hiatus existed between their fractured ends—in the second rib amounting to three-fourths of an inch, in the third to two inches, and in the fourth to somewhat less than two inches. Their ragged ends seemed to be floating free in the sac about an inch or an inch and a quarter within the anterior wall. This destruction was slightly internal to the mammary line. The only discoverable lung tissue on this side was a piece about half the size of a man's hand, representing the most dependent anterior portion.

The heart was not as altered as might have been expected. There was some hypertrophy, and the auricles were markedly thinned. The aorta was thickened and sacculated here and there, but did not present the changes that might have been looked for. The innominate and subclavian had totally disappeared. The carotid and axillary merely led from the superior and lateral aspects of the sac respectively.

Drs. Wm. E. Shaw and C. B. Van Meter were present at the post-mortem.

The specimen was presented before the Cincinnati Medical Society in October, 1887, but until now no formal record of the case or description of the specimen has been made.

I do not think that any surgeon, seeing this case with me in April, would have hesitated to advise operation, either by ligation of the distal arteries or by the introduction of coagulants (wire or catgut) into the sac. Her condition was such as seemed to call for immediate interference. Of course it is impossible to say what the result of either of these operations would have been, but a study of the recorded cases, even as to the prolongation of life, does not yield results such as to arouse great enthusiasm.

The duration of life in this patient after operation was proposed and refused was five months. Among the records of cases treated by the introduction of coagulants I find one apparent cure, and the lease of life among the others was as follows: Ransohoff's case, three weeks, one day; Cayley's, almost two

months; Roosevelt's, twenty-three days; Abbe's, thirty-six hours; Domville's, four weeks; Loreta's, ninety-two days; Bacelli's, two days, ten days, and two months; and Lange's, twelve days.

Abbe remarks: "Whether the duration of life was longer or shorter owing to the treatment by wire insertion is pure speculation." There are no data by which to remove this question from the realm of speculation except the recording and study of such cases as the present, and the comparison of their history with the history of operated cases. Such cases as this do occur, and not infrequently, and the reporting of them is as important, and at present more so, than the reporting of operations whose benefit to the patient is a matter of pure speculation.

QUINSY.

BY

H. H. SPIERS, M.D.,

EDINBURG, O.

As physicians, occasionally we meet cases of the above disease—generally when called late—in which the pharynx is highly inflamed and the tonsils, one or both, are so swollen as to preclude ocular inspection; when fluids cannot be swallowed at all except by tight closure of the nostrils. To me the question has evolved itself: In this condition, what treatment is best?

It has been my plan to first make a digital examination of the swelling. By placing the palmar surface of the hand before the patient and gently introducing the index finger into the mouth and throat, a most satisfactory exploration can be made. Should the membrane be tense and unyielding, the finger may be withdrawn without hurt or damage to the patient. Should a soft spot be found, gently fluctuating, by a quick turn of the finger the membrane may be ruptured at this point, and relief is afforded at once. This may be thought a clumsy way to lance a tumor, but on first opportunity please try and see if it be not an admirable way to relieve distress.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of March 17, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. C. W. TANGEMAN read a paper entitled

The Effects of Alcohol on the Eye.

[SEE PAGE 443.]

DISCUSSION.

DR. JOSEPH RICKETTS said that if we refer to the literature of ten years back we find toxic affections of the eye duly recognized, but at that time some denied the existence of an effect upon the eye produced by tobacco; for an instance, Standish claimed, and presented statistics to show the validity of his claim, that tobacco was only an assisting cause of toxic amblyopia, alcohol being the main one. Minor doubted the existence of true tobacco amblyopia, and cited ten cases of his own treated with potassium iodide and strychnia sulphate, without a reduction in the quantity of tobacco used, where cure had resulted in some and marked improvement in the remaining.

On the other hand, Nettleship claimed never to have seen toxic amblyopia in drunkards who did not smoke, nor had he seen a perfect recovery without diminishing the amount of tobacco used; and further says that improvement may take place if tobacco is stopped and alcohol continued. Again, so small an amount of tobacco as an ounce a week has, he says, caused toxic symptoms of the eye. His conclusions are confirmed by Eales, who, in addition, claims that central scotoma for color is absolutely characteristic of tobacco amblyopia, and in the affection he never saw atrophy of the disc nor blindness supervene.

Shears reports forty cases of toxic amblyopia, and asserts that atrophy of the disc does not follow in the tobacco form.

One can readily understand the confusion that had arisen in regard to the differential diagnosis of these toxic affections, for it is seldom that one sees a victim of chronic alcoholism who is not a slave to tobacco. From what I have found upon investigation of the literature, central scotomata are more characteristic of tobacco amblyopia, although we may have it a symptom of either form.

"Romiée regards weakening of accommodation as the first manifestation of the alcoholic form, paresis of accommodation sometimes being the only sign. Where dimness of vision falls to or below 1-6th, occurring within a limited period of time and simultaneously in both eyes, this is pathognomonic."

Another point in differentiating is that more serious results follow alcohol than tobacco. Hyperæmia of the retina is regarded by some as a symptom. As far as I myself am concerned, I doubt seriously whether any point can be determined as to the distinction of two forms, before nerve atrophy set in, and unless age, habit, complexion and other conditions are minutely considered, even the most experienced may be deceived as to whether the hyperæmia is purely a physiological or pathological condition.

As to my own experience, I have seen but three pronounced cases of toxic amblyopia, one occurring in my father's practice three years ago, one at a clinic in this city, and one in my own practice; each case resulted favorably under strychnia and potassium iodide.

DR. CHARLES W. DODD remarked that one point was not referred to by the essayist, which is considered of the greatest value in making a distinction between scotoma due to toxic influences and those which occur as a result of sclerosis of various kinds, namely, the *shape* of the scotoma. If the outline of the scotoma is a horizontal oval, it is the best evidence that it is due to toxic influence; scotoma resulting from other causes have all sorts of irregular forms. It is supposed that the fibres supplying the region included between the papilla and macula are the most sensitive and

most readily affected, and this sensitive field has just the form above described—that of a horizontal oval. The periphery of the field of vision is later affected, and the field of vision is contracted.

From a review of statistics, the speaker had found that at the eye clinic of Prof. Hausen in Copenhagen, out of 30,000 eye cases only one-half of 1 per cent. were cases of double central scotoma; this gives an idea of the frequency these toxic amblyopic cases are met with; it is fair to presume that not more than one-half of the above cases of central scotoma were due to alcohol, allowing the other half per cent. to have been caused by tobacco or other possible influences: so it is very evident that the cases of toxic influence of alcohol upon the optic nerve are very rare. The patients usually see better in the dim twilight than in bright daylight. The disease is met with almost exclusively in the male sex.

DR. TANGEMAN, in concluding the discussion, remarked that he did not think it of much consequence whether we are able to distinguish between tobacco and alcoholic amblyopia, from a therapeutic standpoint. But a comparatively large number of cases have been reported in which the subject was not a user of tobacco in any form.

So far as the treatment was concerned, he thought from his own observations and the reports of cases in literature that it made little difference what the treatment is, as there is no medicine which seems to have any special effect in the arrest of the disease. There is no medicine which can restore a degenerated nerve-fibre, and the only cases in which any good is done is where the disturbance was only a functional one. He had not seen any good effects from strychnia, and he was inclined to think that the good effects which had been observed to follow its use might have been obtained from the use of quassia or any of the bitter tonics, which in many cases lessened the desire for drink.

He did not understand why a patient with scotoma should see any more distinctly at twilight than in daylight;

dimness of vision is recognized as one of the first symptoms of this affection, and there is no ground on which to explain such an anomaly. The only place in which these cases can be properly studied and treated is in those hospitals in which no other cases are admitted. Symptomatically and microscopically tobacco and alcohol amblyopia are alike, therefore which of the two agents is the more toxic is of little interest when we consider what is a suitable treatment for these cases.

DR. J. L. CLEVELAND reported

Two Cases of Influenza with Fatal Sequelæ.

[FOR PAPER SEE PAGE 435.]

DISCUSSION.

DR. ROBT. W. STEWART reported a case which he thought resembled those just reported by the essayist. The patient was a strong, heavily-muscled man of thirty-six years suffering from profuse perspiration, severe joint pains, pain in the back, harsh cough, with pain in sternal region; temperature 105°, pulse 120, respiration 30. There was no absolute dulness upon percussion over the right lower lung region, but the resonance was markedly diminished. No other symptoms. The speaker considered this a case of acute articular rheumatism, and prescribed sodium salicylate. Upon the third day the joint pains had completely subsided, but the breathing was rapid and there was pronounced delirium and cough, with scant expectoration. Physical examination revealed marked dulness over lower half of right lung and the crepitant or sub-crepitant râle. Whisky, inf. digitalis, nitro-glycerin (sol. 1 per cent.), and carbonate of ammonia, were all given at such times and in such doses as the exigencies of the case seemed to demand. The patient, however, died upon the fifth day after my first visit, or the seventh of the disease. No post-mortem could be obtained.

This case occurred during the early part of March of this year, long after the epidemic of influenza had passed away, and yet it would seem as though there must have been something more than the ordinary croupous pneumonia.

The speaker had been inclined to blame himself for making the diagnosis of a beginning acute articular rheumatism and then finding it to be croupous pneumonia, and it was not until he heard the essayist report his cases that the idea occurred to him that possibly the microbic origin of influenza would explain the whole matter.

DR. MASSILON CASSAT stated that he had just recovered from an attack of la grippe in which unusual symptoms had been present. His appearance one week ago to-day was exceedingly florid. This flush was followed by severe pain in the head and back, nausea and vomiting; he was confined to bed and compelled to drink warm water to arrest the irritability of the stomach. An opiate was tried but not retained. Then a cough developed, accompanied by pain in the sternal region. The speaker had observed several cases with unusual sequelæ like those reported by the essayist, and it seemed to him that opium only aggravated the trouble. All medicines, in fact, seemed to have an unusual effect.

DR. WILLIAM JUDKINS reported a case illustrative of the slowness of convalescence which had been referred to by a previous speaker. The patient a week ago had a pulse of 120, which was attributed to excessive use of tobacco. He had la grippe four months ago. To-day his condition is more favorable, but the pulse is rapid.

DR. J. E. BOYLAN inclined to believe with a previous speaker that the symptoms of influenza might resemble an overdose of alcohol in more ways than one. He narrated the case of a divinity student who came to him for a remedy for severe cold in the head. Dover's powder, a hot foot-bath, and hot toddy were prescribed. During the following day the patient's landlady called to learn something of her tenant's character and condition, who, she stated, had come home during the morning in a wild state of intoxication, laughing and talking in a very incoherent manner. Upon calling a few hours later he found the patient quite flighty, with a temperature of 104° and complaining of severe pain in the lower

extremities and in the head; he stated that he had been delirious most of the night and begged not to be left alone. Under the administration of antipyrin and belladonna his condition rapidly improved, and he made a very speedy recovery.

Dr. Boylan also related a case in which convulsions had occurred in a boy seven years of age, whose mother and sisters were suffering from la grippe. Patient was taken with pain in the chest and head, epistaxis and vomiting; no other marked symptoms. The first attack, which was quite severe, was followed by a second and third. In this case also there was speedy recovery.

In the few cases that had come under the speaker's observation, coryza and catarrhal symptoms played, *imprimis*, either a very insignificant part or were entirely wanting. From local treatment he had attained no good results. Antipyrin, which did seem to have a marked effect in reducing the pain in the head and limbs, had proven most satisfactory.

Dr. J. M. WITHROW asked Dr. Cleveland whether he had made an early examination of the urine in the cases which he had reported.

Dr. CLEVELAND replied that he was positive that there was no albumen in the urine of the second patient reported, at an early period of the disease.

Dr. WITHROW then remarked that he had seen a case in which the pulse was below seventy per minute, the temperature below 101° , but the patient died within ten days. The microscope revealed casts, thus proving the correctness of his view of the case, that it was one of kidney disease, although albumen could not be detected in the urine.

Dr. W. S. TINGLEY referred to his former report of cases of la grippe. In one of the cases there was recently an apparent return of the symptoms. He had observed heart weakness and general malaise as special symptoms. He narrated a case which he had treated for ten days in the early part of January, in which excruciating pains in the joints were a prominent feature.

He diagnosticated the case as one of acute articular rheumatism. There was marked letting down of the system. Finally the case passed from his care into the hands of a butcher and a homœopath and died in ten days.

The speaker also reported several cases which occurred in children. In them he had observed, in addition to the general weakness, heart failure, and lung trouble, a derangement of the stomach and bowels, with tympanites and anorexia which was uncontrollable. Two cases terminated fatally with much the same symptoms as are observed in cholera infantum, and reminded him of the disease described by Smith as children's winter complaint.

Dr. CLEVELAND, in concluding the discussion, stated that the peculiar feature of the cases which he had reported was that they were both in individuals who were in health and of good habits. In the man this had been the first serious illness that he had ever had. The case reported by Dr. Stewart seemed to be one of the same character. It had seemed to him, after the death of these cases, that possibly he had sinned in the omission of something which might have been done. He thought that probably venesection might have done some good in Case II., where the pulse was so slow; he had no doubt that in the days of blood-letting this would have been the treatment, and probably the result would have been favorable if resorted to soon enough. After convulsions occurred in this case he could not abandon the idea that nephritis was present, but probably these were of other origin.

He thought the rheumatic pains common to the disease; not the pain merely, but symptoms simulating acute articular rheumatism and yielding to salicylic acid. He had also seen cases presenting the symptoms of alcoholic toxæmia, as referred to by Dr. Boylan.

Tobacco Amblyopia.

Dr. C. W. DODD, *apropos* to the subject of the evening, narrated an incident of his personal experience with the toxic effects of tobacco upon the

eyes. One evening, after having smoked a very strong cigar, such as he was not accustomed to, he sat down to write, and to his surprise found himself suffering from complete left hemianopia, the left field of vision being entirely blank. The affection proved, however, very transitory, passing entirely away after giving his eyes an hour's complete rest. The speaker thought the incident was conclusive evidence of the rapid effect that tobacco may have upon the optic nerve centers.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, March 31, 1890.

OFFICIAL REPORT.

V. P. GIBNEY, M.D., Chairman.

Case of Scoliosis.

DR. JOHN RIDLON presented a case for diagnosis.

DR. GIBNEY considered it a case of cervical rotary scoliosis, with a cyst over the scapula. He had seen one or two cases of cystic tumor in this region, and the diagnosis of scoliosis was made by the position of the right shoulder, the drawing of the head to that side, and on the patients bending forward, a deviation of the spine to the right.

DR. SAMUEL KETCH agreed in the diagnosis of rotary lateral curvature, which he thought was congenital.

DR. L. PUTZEL found some enlargement of the spine of the scapula, and muscular spasm of all the muscles inserted into the inner border of the scapula.

DR. A. B. JUDSON thought there was evident scoliosis.

DR. W. R. BIRDSALL was of the opinion that most of the deformity was the result of muscular spasm. An electrical examination ought to settle the question.

DR. A. M. PHELPS said that in a growing child, such a condition of scoliosis was often secondary to muscular spasm.

DR. RIDLON said that he had been

unable to obtain any history which would account for an irritative lesion at birth, and he had only just learned that the child had been etherized by Dr. Gerster two days ago, and that the swelling had entirely disappeared.

DR. T. HALSTED MYERS presented a case of

Double Congenital Malformation at the Knee, with Hyperextension and Talipes.

The patient was born at term, after an easy labor by a breech presentation. The feet had been closely applied to the head, and the quantity of liquor amnii had been normal. The marked flexion of the thighs had been gradually overcome at the end of eight months, but at the age of sixteen months, the thighs could not be extended beyond the straight position; both legs were hyperextended to 140 degrees; there was equino-varus, marked on the left side, and moderate on the right. Neither patella could be felt. The inter-condylar grooves were shallow; the tibiæ glided forward into partial dislocation, and there was marked genu-valgum with abnormal lateral mobility at the knee. The body was otherwise normal, and there were no evidences of cerebral defect. The muscles responded well to the Faradic current, but in a less degree on the right side. The flexors of the thigh were in constant active contraction, and the condition of the posterior leg muscles seemed to be one of structural change. The deformity had been considerably reduced in two weeks by means of a brace, which maintained flexion at the knee.

DR. MYERS presented brief notes of several cases which had been already reported by some of the members of the Section. The absence of cerebral symptoms in these cases, pointed to the cord as the seat of the lesion. The muscular spasm seemed to disappear about the third year, or even earlier, and the prognosis, as regards the usefulness of the limbs, was very good. There was nothing in these histories, however, to show that the fœtus had maintained the position found at birth.

This position approximated the insertions of the anterior thigh group and the posterior leg group, which might very easily account for the structural changes in the muscles, and consequent shortening and deformity. Nor was it surprising that the patella, which was practically a part of the quadriceps tendon, should share in this mal-development; but the character of the labor itself ought to have but little influence, as the cartilage of the patella appeared in the third month of foetal life.

DR. R. H. SAYRE related the history of a similar case, and exhibited photographs showing the condition immediately after birth, and again six months later. The labor and the quantity of liquor amnii had been normal, and no cause could be assigned for the condition. At the present time the leg could be flexed on the thigh to about forty-five degrees, and the extension was possible only to a straight line. The shortening was three-quarters of an inch. No patella had yet been found.

DR. KETCH said that in a collection of fifty-six cases of congenital dislocation, reported by Dr. Hubbard and himself, there was only one congenital dislocation of the knee, and this was unilateral. The literature of the subject was still very meagre, Noble Smith being the only author he had found who spoke of the condition at length. The treatment which this author advocated, had yielded uniformly good results.

Pott's Paraplegia treated by Suspension.

DR. LEROY W. HUBBARD, by invitation, presented the report of a case of Pott's paraplegia treated by suspension, after the method suggested by Motchoukowski. The case was one of those untractable ones that had resisted ordinary methods of treatment. Drs. Ketch and Hubbard employed daily suspension for a few minutes, and a decided daily improvement was noticed within a month, but a complete cure had not been established up to the time of the report.

DR. PUTZEL said that his pathological studies had led him to believe

that the majority of cases of Pott's paraplegia were not due to pressure, but to a transverse myelitis; and his experience with the treatment by suspension, had taught him to consider it a method, which was, at best, only a temporary relief. Very rapid improvement often followed many methods of treatment. Large doses of iodide of potassium had not yielded him very satisfactory results. It was important to remember that the disease showed a strong tendency to spontaneous recovery.

DR. BIRDSALL thought that where Pott's paraplegia was due to myelitis, the disease was fatal; but many cases were due, not to a myelitis, but to irritation and pressure on the anterior or posterior roots of the nerves in their passage through the foramina. Among the various theories which had been advanced concerning the action of suspension, he thought that the most plausible one attributed the beneficial action to a slight separation of the vertebræ, with consequent improvement in the circulation of the affected parts, particularly the nerve roots. This was what might be expected from our knowledge of nerve stretching, and on this account, he thought the method somewhat dangerous. For many months after Charcot called attention to the method, the literature of the subject was very extensive, but more recently it had become quite scanty. It was particularly strange that these early investigators had not furnished any later reports.

DR. L. C. GRAY said that excluding those cases which were complicated by organic lesion of the cord, he thought that the etiology of Pott's paraplegia could be explained by reflex causes. Nerve stretching in this disease was a very different thing from what it was in locomotor ataxia. The latter disease had a very complicated pathology, and embraced several distinct varieties. It was a very significant fact, that the results claimed by Charcot had not been obtained by other observers. He did not think that the treatment by suspension, when properly managed, was dangerous; and where the paraplegia was of reflex origin, he would look for tem-

porary relief; and in milder cases, even a cure was not impossible.

DR. W. R. TOWNSEND reported two cases which he had treated by extension in bed, according to the method described by Wm. J. Fleming, in the *Lancet* for 1889. He had modified the arrangement for extension by using a jacket around the pelvis, with straps passing down on each side. Both cases had received large doses of iodide of potassium in addition to extension, and both showed the improvement noted in Dr. Hubbard's case.

DR. RIDLON said that he had made use of large doses of iodide of potassium, the actual cautery, and of horizontal traction while in bed, but he had been unable to see any favorable modification of the disease by any of these methods. He now kept his patients on their backs, and waited for them to get well. One case recovered perfectly after three years.

DR. KETCH said that he had suggested the use of suspension in the case reported by Dr. Hubbard after the paralysis had lasted for about three years, and had not been improved by recumbency or the use of iodide of potassium.

DR. R. H. SAYRE said that the treatment of Pott's paraplegia by suspension had been practiced as long ago as 1828 by J. K. Mitchell of Philadelphia. Suspension failed to give relief when carried to excess, and it was dangerous if injudiciously applied. These cases should not be left untreated, for their chances of becoming permanently paralyzed were thereby increased. Constant traction by means of the "jury mast" and traction with recumbency, were both very useful methods. By making use of extension with the patient in the "wire cuirass," his father had been able to employ traction with recumbency without depriving the patient of the benefits of fresh air.

DR. PHELPS considered that the employment of suspension at a period when the disease was still active, was bad practice; and the great majority of cases recovered, if the spinal column were only fixed.

DR. HUBBARD did not think that pressure on the nerve roots could be of common occurrence; for, sensory symptoms rarely appeared, and then only in the later stages.

DR. A. B. JUDSON read a paper entitled

A Criticism of Willet's Operation for Talipes Calcaneus.

He stated that in this affection the deformity was of less importance than the disability, which prevented the patient from resting on the toe in walking—a disability which Mr. Willet sought to remove by shortening the tendo-achillis. The writer demonstrated that the tension on the heel-cord greatly exceeded the weight of the body, and expressed the opinion that the tendon, shortened by operation, would not long endure the strain without yielding. He advocated the mechanical treatment of this disability, and presented a brace which was easy to apply, convenient to wear, and inexpensive.

DR. W. E. WIRT, by invitation, gave a mathematical demonstration, showing that Dr. Judson, in his calculations, did not make any allowance for the action of the other muscles, and that when these were considered, it was found that the tension sustained by the tendo-achillis was at no time more than 1.4 times the weight of the body.

DR. ROYAL WHITMAN, by invitation, read a paper on the

Rational Treatment of Flat Foot,

and showed some plaster casts of cases he had treated.

DR. WILLY MEYER presented two cases of flat foot which he had treated by supra-malleolar osteotomy, and showed photographs and casts illustrating the condition of the patients, before and after the operation. He considered the method a most rational one, for it required the patient to step upon the outer border of the foot, so that the weight of the body was transmitted through the cuboid, instead of through the scaphoid bone. Dr. Whitman's results were excellent, but they had been obtained in comparatively young subjects after six months of treatment.

The method which he advocated would secure permanently good results in as many weeks.

DR. R. H. SAYRE remarked that Mr. Golding-Bird, who was the first to do these operations, found less frequent occasions than formerly to resort to this method, as he was able, by non-operative measures, to relieve pain and in great measure to remove the disability.

Selections.

INSOMNIA AND ITS TREATMENT.

With the ever-increasing mental and nervous strain upon American men and women, it is not surprising that we hear more and more of the widespread prevalence of insomnia, while the difficulties attending its treatment are proved by the constantly-growing list of measures recommended for its relief. He is the wise physician who at once gives up the thought of any routine treatment of it, and devotes to it the most careful consideration of its etiology and therapy. The pressing need for this has elicited contributions from many able writers; two of the most recent ones being that of Jastrowitz in the *Berliner klinische Wochenschrift*, July 3, 1889, and that of Krafft-Ebing in the *Wiener klinische Wochenschrift*, 1890. Unfortunately we are in many cases unable to determine the causes of sleeplessness, since we do not know as yet with certainty the cause of sleep. The mechanical theory would seem to be most probable, that sleep is produced by anæmia of the brain; but this is by no means certain. Possibly the cerebral anæmia is the result of sleep and not its cause. A dynamic theory, much less probable, has also been advanced, according to which sleep results from the resting of those parts of the brain which preside over consciousness and volition. There is also a chemical theory, proposed by Preyer, which seems to us somewhat strained, accounting for sleep by the production by the tired muscle of some toxic substances which act upon the brain.

Probably the most frequent cause of obstinate insomnia is brain overwork and nerve overstrain, whether through work or worry. The anxious business man, the mother worn out by long-continued anxiety over a sick child, the student—frequently a preacher—reading late into the night—begins to notice on retiring that he is restless for fifteen minutes, half an hour, or longer before sleep comes to him. It is nature's warning voice which he would do well to hear; for this condition is often but the precursor of a more serious insomnia, which is unfortunately not of necessity cured by the removal of the initial cause. Still more powerful than overwork is the exercise of the emotions, of whatever nature. While the mind should be at rest, it is instead entertaining multitudinous sensations of fear, hope, anger, revenge, and the like. The man expecting to receive on the morrow an appointment to some important position, or be about to be hanged, is not likely to sleep much during the night preceding. In fact, anything which has produced unusual excitement during the day, which is disturbing the mental quiet during the rest in bed—as noises in the street—or which in prospect fills the mind with thoughts and feelings, robs the nervous individual of sleep. And if these causes persist insomnia becomes habitual.

Closely allied to insomnia of this nature is that depending on actual mental and nervous diseases, such as melancholia, mania, dementia, and any conditions of mental excitement attended by delirium or hallucinations. Insomnia often seems to be a premonitory symptom of insanity, though frequently the cause of it as well. Organic mental diseases involving disturbances of the cerebral circulation may cause insomnia, as may focal cerebral lesions. Sleeplessness is further observed in those who have experienced excessive bodily fatigue, who are "too tired to sleep." Febrile diseases also, as typhoid fever and pneumonia, are frequently attended by distressing insomnia, producing real nervous exhaustion of the patient; and physicians sometimes have a groundless fear of administering suit-

able remedies under these conditions. Various chronic diseases, as well as conditions of anæmia and malnutrition, often predispose to anæmia. There is a series of what might be called "toxic" insomnia. Prominent among these is the persistent sleeplessness seen in *mania a potu*, and the troublesome condition witnessed in those struggling against the opium habit. Coffee and tea are common causes of insomnia, and tobacco may produce the same effect, though there are individuals accustomed to its use in which the withdrawal of it produces sleeplessness.

Perhaps the insomnia resulting from uræmia, and often an early symptom in Bright's disease, may be included here. In certain other conditions the inability to sleep is a purely secondary condition, as when pain, dyspnœa, cough, palpitation of the heart, vesical irritability, the polyuria and thirst of diabetes, etc., prevent sleep which would otherwise come. Finally, a very frequent cause of obstinate chronic insomnia, if indeed it can itself be called the cause, is old age.

With this extended group of diverse etiological factors, it is evident that the selection of proper treatment becomes a matter of the greatest difficulty.

The hygienic measures to be employed in the treatment of insomnia depend largely upon circumstances. The acting cause must, of course, be removed if possible. Tea, coffee, and tobacco must be abandoned. Working late at night must be stopped, as must the over-excitement of the emotions by theatre going, the reading of thrilling romances, the entertaining of company in the evening, etc. All sources of care and anxiety must be taken away, and this is usually one of the most difficult of the problems which the physician has to solve. In severe cases it may be necessary to remove the patient to entirely new scenes. This is especially true in cases due to the combination of excessive mental overwork and undue exercise of the emotions, these forming probably the most obstinate of all cases. It may be that for months or years the patient must be kept from all work and removed from his surroundings by

travel. Confinement to the house, or perhaps to bed, with the Weir Mitchell cure, may be necessary at first. The removal of the emotional causes can only be accomplished by time, suitable mental diversion, and effort on the part of the patient to forget the death of relatives, disappointed hopes, business troubles and the like—naturally a difficult matter. Apart from the removal of the cause, hygienic, physical and dietetic measures are necessary to produce sleep. The application of water in various ways is often useful, warm baths lasting one-half to one hour taken before retiring; or, in other cases, though less frequently, cold sponging followed by brisk friction may be effectual. Another serviceable method, which, like these, is supposed to remove blood from the head and produce the desired anæmia, is bodily exercise before retiring.

Benefit has been derived from the use of dumb-bells or of a health-lift in the case of those who must, of necessity, use their brains at night. This should not replace a proper amount of exercise during the day, which is an essential. A curious observation has been made that certain individuals are unable to sleep when reclining, but drop asleep readily when sitting up. This, again, would seem to depend on cerebral anæmia, and may serve us a useful turn in practice. Although a full meal taken late in the evening is liable to produce sleeplessness, it must be remembered that the sensation of an empty stomach may prevent sleep; and that insomnia may be sometimes overcome by ordering a glass of hot milk, with, perhaps, one or two crackers to be taken a half-hour before going to bed.

Another requisite in the treatment is that sleep shall be solicited. The patient should spend a quiet evening, go to bed in a cold and darkened room, exclude company, relax the muscles by proper position, and make a firm and persistent effort to go to sleep. Then arises the natural desire to toss and turn, to scratch some part of the body, which itches, to change the position of some member which is not altogether

comfortable. All such impulses should be resisted, and the eyes be kept closed and not a muscle moved. A considerable, or even great, effort is required to follow this injunction. Whether it is that the intense concentration of mind on the one purpose acts as does hypnotism, we do not know, but the result is that sleep will often come surprisingly soon. In other cases sleep may be obtained by listening to some uninteresting matter read out loud, in a low, monotonous voice. It is further of the greatest importance that the feet be not cold, as this is a great interference with sleep. Massage is a decided help in many cases. Electricity may be employed, especially the galvanic current applied to the head. Finally hypnotism is often of the greatest use in obstinate cases. Constitutional conditions and diseases should receive proper treatment, and dyspnoea, cough, pain, palpitation, etc., be relieved by appropriate means. In the insomnia produced by excessive bodily or mental fatigue, Lauder Brunton has successfully given strychnine at night, in the effort to bring the nerve system up from the condition of over-fatigue to that of simple fatigue, and thus induce sleep.

Hypnotic drugs will, however, be occasionally or constantly needed in many cases. When called to a patient with very troublesome sleeplessness the first indication usually is to procure a night's quiet sleep at once, if possible, by the use of some powerful, safe hypnotic. In chronic cases, however, these drugs should be used as little as possible. The choice of the hypnoic is a matter of great importance.

First in the list, as far as the power of producing sleep is concerned, still stands opium and its preparations. It is, however, rather a narcotic than a hypnotic, and is not to be recommended in most cases. Although usually effectual in producing sleep the patient feels stupid upon the following day, and often suffers from headache, nausea and loss of appetite. In some persons it produces excitement instead of sleep. The imminent danger of the formation of the opium-habit must always be borne in mind, and the drug given with

the greatest caution in chronic cases of sleeplessness. In patients in whom insomnia is secondary to pain or cough the drug is invaluable. In dyspnoea from heart disease, though perhaps objectionable on theoretic grounds, it has often stood us in good stead, and we do not hesitate to use it in suitable cases.

Chloral is perhaps still the most powerful hypnotic, but it is one which is called for very rarely. Its hypnotic action is often preceded by delirium, and sometimes this is the only result. It is a powerful heart poison, sometimes fatal in a single and small dose. It has, moreover, a deleterious action on the nervous system when given continuously, and there exists, too, the danger of the formation of a "habit" with it. It may be reserved for severe insomnia in the psychoses, as there is no need to employ it in conditions in which other safer hypnotics answer equally well.

Chloralamid or chloralformamid, introduced by v. Mering, is the hypnotic now attracting the greatest attention. It is a combination of chloral and formamid, and appears to depend on the former for its efficiency. The dose is from thirty to forty-five grains. Sleep comes in one-half to three hours, and lasts two to nine hours. The reports concerning its value are still very conflicting. It is certainly a useful hypnotic, but though it is apparently less dangerous than chloral, its action on the heart and respiration is not yet positively determined, which warns us to use it with caution.

Paraldehyde may now be called an old stand-by. Unpleasant effects after its ingestion are rare, except a very disagreeable taste in the mouth and odor on the breath during the following day. Its action in doses of one-half drachm is prompt and certain, and the sleep obtained is refreshing. It is a useful hypnotic in delirium tremens and the psychoses, and can be used safely in heart disease, as it is entirely without depressing action on the heart even when given for a long period. The size of the dose and the disagreeable taste are the chief disadvantages.

One of the most valuable of the hypnotics is amylenc hydrate. We have

used it largely and find it equally as reliable and safe as paraldehyde, while the dose is smaller (fifteen to sixty minims). We are in the habit of administering it in capsules, each holding fifteen minims. A glass of water or milk should be taken afterwards to prevent the medicine disagreeing with the stomach. A still more rapid action is secured if the remedy be given in emulsion with liquorice. It is valuable even in maniacal cases, and is entirely safe in heart disease. The only bad effects recorded have been a condition resembling alcoholism, and this has been seen but rarely, and only after overdose.

Sulphonal, now so commonly employed, is at times a good hypnotic, but, it is to be feared, an untrustworthy one. It is exceedingly slow in its action, sleep frequently not coming for several hours, and persisting sometimes most of the next day. Many and various very unpleasant, though not dangerous, secondary effects may be produced by it; and this has indeed so often happened that we greatly prefer the more reliable amylene hydrate.

Urethan is a hypnotic of too little power to be of much use. Hypnone needs much further trial, especially as regards its action upon the heart, before it can be generally recommended. Methylal, somnal, and other hypnotics have been recommended, but cannot be further discussed here. There are certain other substances not strictly hypnotics, yet which are often most useful in procuring sleep. One of these is alcohol. A glass of wine, ale, or beer taken before retiring will sometimes prove very efficient in insomnia of a slight degree. In persons disposed to alcoholism it is best to avoid it. Bromide of potash will often prove valuable, particularly in cases of nervous excitement or in insomnia due to palpitation of the heart. Its continued administration is not to be recommended, as it is distinctly depressing to the general strength. Hyoscine given hypodermically has frequently proved one of the most reliable drugs in the insomnia of the psychoses. It has also been used with benefit in some cases of the opium habit. It is, however, not un-

attended with danger. Cannabis indica has sometimes given surprising results, and procured sleep in cases suffering from pain, and in which morphia had ceased to give any relief, and amylene and sulphonal had proved useless. The sleep was, however, preceded by a semi-delirium very disagreeable to the patient. We cannot but consider that it is a worthy drug, too much neglected, and often capable of rendering more efficient service in time of pressing need.

In general, then, in addition to hygienic measures, amylene hydrate or paraldehyde should be employed if drugs are necessary; or sulphonal, if trial show that the patient can take it without unpleasant effects. These may be used in insomnia of all diseases, or in that of brain overwork or emotional disturbance. In severe delirious insomnia, amylene or paraldehyde may be tried, and if these fail, chloral, provided that no contra-indications exist. Bromide of potash would also be of value here; opium should be reserved for patients in whom insomnia is secondary to some such causes, such as pain or cough.—*Medical and Surgical Reporter.*

HOW TO BECOME STRONG.

Mr. William Blaikie recently delivered upon the above subject a most invaluable lecture. It was our pleasure to hear Mr. Blaikie lecture at Germantown. It was not only an invaluable discourse, but a highly interesting one. We were much impressed with the forcible way in which the speaker dwelt upon the importance of physical development and the health, strength and long and happy life it brought. We here publish some extracts from the lecture:

"As I came along I saw that your town was dotted with three public libraries. Along Chelton avenue I noticed handsome churches. You have here valuable agencies; one trains the mind and the other trains the moral nature. This is what constitutes our American system of education. What do we do for the body? Oh, they say,

the body will take care of itself. Well, so will the mind. How about the men and women who can not read and write; they are no worse off than the man whose body has not been trained. A man whose body is trained has an annuity fund laid in on which he can draw. I see you have a sort of make-believe gymnasium down stairs. There are so-called gymnasiums in this country. The man in charge takes your money, and generally takes plenty of it. You go in to get your money's worth; you take hold of the big dumb bell, and try everything in the place; next morning you've got your money's worth, and you go around asking, what ails me? This is very much as if you should fill a school-room with desks and slates, and blackboards, and books, but provide no teacher, and then say to the boys and girls, educate yourselves. There would be lots of education going forward, wouldn't there? Brains are needed in a gymnasium.

"Oh, but we have lots of athletics. The papers are full of them. But what good does it do you? The old Greek and Roman athletics could not compare with our records. They sent a famous courier to bring up the hardy Spartan troops, and he made 149 miles in 48 hours. A few years ago, in Madison Square Garden, New York, little Charlie Rowell made 150 miles in 24 hours. Rowell would have warmed the old Spartan's jacket for him in a go-as-you-please race. Vanderbilt's Maud S, out at grass, would not be brought in and put in a race right off. She would be got in condition, and then let that other horse look out. But the portly citizen of Germantown runs along Chelton avenue for a train and topples over, all because of his ignorance of elementary knowledge.

"We develop our muscles in a one-sided way partial way. There's rowing; it exercises us in pushing and pulling. I was referee at the race between Hanlon and Courtney, where the latter's boat was so mysteriously cut. I asked Hanlon to try the simple experiment of resting his hands on two chairs and then letting himself down between them. How often did he do

it? Well, he got down and could not get up. He hadn't trained the right muscles. There is a great man—John L. Sullivan, a man of striking ability who always makes a marked impression. He trains the other muscles. But put him in a shell against Hanlon and the Canadian would pull clear away from him. Change the scene a little and the symmetry of Hanlon's head would be seriously impaired inside of two minutes. Had they started in a race with Rowell they would both soon have been hopelessly behind.

"Our mechanics train only the muscle each wants in getting bread and butter.

"Among American women walking is a lost art. I don't know how it is here in Germantown, but in New York I have seen them shopping on Fourteenth street; they go dawdling along at about a two-miles-an-hour gait. Some one has said that a woman in America runs just fast enough for a man to catch her. Some of them can't do that. There is 70,000 of them in Massachusetts. Once I went up to Vassar college to see their gymnasium. They had lots of apparatus there that looked like as if it was the kind that Noah used when he was loafing around in the ark. Then the girls showed me how they ran. After a few trials they came in puffing and blowing, and their hearts beating about 140 to the minute. 'What do you think of the running?' they asked. 'What running?' said I. Then I showed how the sandal of the runner was made, with no heel, and how he ran on his toes with his head up and his chest out, and they admitted that they couldn't run."

He told the girls how to develop weak arms, make them strong and so that they would be well rounded and shapely when they wore evening costumes. "One of the hardest problems is how to keep the girls who go into this training from doing too much hard work at the beginning. Ham is a good thing for breakfast, but no one wants to eat a whole ham for breakfast. They must start off easily. A man at Englewood came to me about his daughter. She was low-spirited and weak.

'Well,' I said, 'what does she do?' and he said, 'she went five miles to school every day and carried a great strap full of books.' 'Does she walk?' 'No, she rides in a horse-car.' Oh, the lovely horse car! Oh, the beautiful horse-car! Sidewalks deserted to hang by a strap in a crowded horse-car. Give up walking to be hauled home in a lovely horse-car. Get her a pair of Waukenphast shoes, broad enough at least for two of her toes to touch the ground. Ugly, of course they're ugly; but they are comfortable. Let her go off the car one mile from home the first week. Rain? Well, let it rain; I hope it will. Rain doesn't look half so bad when you are in it as when you look at it through the window. Then let her try two miles the second week, and so on up to five. I met the father in two months. He said: 'The aches are all gone, and we are afraid she'll eat the table cover. Her brother has taught her boxing, and we are all afraid of her around the house. She's actually getting good looking.'

He compared Bernhardt's attenuated proportions with Lily Langtry's fine physique. "The Lily had six brothers, all athletes. She joined in their sports, she became a practical yachtswoman, her average daily walk now is ten miles. This accounts for it all. She says American girls don't take exercise enough. The finest figure in all Europe is the Empress of Austria. At fifty-five she is a great horseback rider. When Dr. McCosh's daughters came to Princeton, one of the young men took them out for a stroll. They walked him to Trenton and back, some twenty miles. That young man could have been called a sub dude, when he got back.

"Did you ever hear of neuralgia, nervous prostration, insomnia? Ask any expert in neural disorders what to do. He will not advise drugs and chemicals as an antidote, but exercise. Get your muscles in grand running order and you need have no fear for the nerves. The dyspeptic needs exercise. Some one has said dyspepsia was a disease of the legs. When an old woman heard that John Bright was coming to

the United States, she wondered whether he was going to bring his disease with him. She needn't have asked; we have it, it is insidiously but surely undermining our bodies.

"John Morrissey was told by his physician that he must die in two weeks of Bright's disease of the kidneys. He considered what he should do. He went into the same course of training that he used when he was preparing for a prize fight. It made him a new pair of kidneys, and he was a vigorous man for twenty years afterward.

"I could name four young fellows at Harvard who wouldn't take exercise; said they didn't need it; in five years they were laid under the sod. You all know Tom Corwin. He's the man who stood up in the United States Senate and said: 'Mr. President, I deny the allegation, and I can thrash the alligator.' One time his son, who was in college, wrote home: 'Dear father, I am studying very hard, so hard that I fear I will die.' Corwin wrote back: 'My dear son, it would give me great pleasure to attend your funeral, under the circumstances. Your affectionate father.' I don't know whether this applies in Germantown or not. You see them digging up a street for a sewer. The men in the offices complain of malaria and go home and get nourished and coddled. The Irishmen who do the digging don't complain of malaria. Men who are great accomplishers are men of great bodies as well as great brains."

Then the speaker went on to illustrate by, "Alexander the Great, whose teacher, Aristotle, withdrew him from the Court and trained body as well as mind; Julius Cæsar, who was an athlete; John Wesley, who had a sturdy, well-knit frame; Gladstone, who cuts down an oak four feet in diameter between luncheon and dinner, when he is at his Welsh estate. Washington was a man of grand physique. He was six feet two inches in height, and weighed 213 pounds. If he had been in training, John L. Sullivan couldn't have stood five minutes before him. He was a straight-sided man, and was a great wrestler when a young man.

Frazer has made the running-board jump record twenty-three feet; Washington did twenty-four feet. They talk about throwing a baseball four hundred feet; Washington threw a silver dollar six hundred feet. A United States Senator showed Chief Justice Coleridge the place where he did it, and when the Englishman asked how it was done, the Yankee replied, 'a dollar went farther in those days.'

"What kind of school yards have you got? In New York they have them a little bigger than a postage stamp. Every school should have a large yard for the children to run and leap in and exercise."—*Anti-Adulteration Journal*.

STAMMERING.

In the *Provincial Medical Journal* of February 1, 1890, is an anonymous letter from a physician, himself a victim to this unpleasant habit, and which contains so many points of practical interest that portions of it are here produced:

"Having lately received several circulars from different professors who advertise their secret methods for the cure of stammering, I have thought that a personal experience might be of interest and value. I shall not attempt a learned physiological analysis of the nerve-centers and nerves involved in the different muscles, and sets of muscles, in stammering, but rather aim at a simple statement.

"Since twenty years of age I have been, though not wholly, yet fairly free from the trouble. In my earliest remembrance of speech, and all through my boyhood, I was a terrible stammerer. I have only heard of two epileptics in my family: one a woman, a first cousin, the other a boy, a second cousin, both on the father's side.

"The occasions on which I have stammered for thirty years past, and yet stammer, are about as follows: From habit acquired in travel, and in India, and to save the legs of the maid, I prefer to go out of my room, and call to the maid for what I may want. For two years I had a favorite maid called Mary. It was in vain for me to attempt

to call out 'Mary'; my lips would compress, the upper teeth seizing the flesh inside the under lip; the word would not come without extreme and painful effort; but there was one way toward perfect relief, I always called 'O Mary'—i. e., I placed a vowel breathing before the consonant, and thus unlocked the complex, and inharmonious coördination of brain, nerve, and muscle involved in the production of 'M.' In reading a lecture before a public audience, a terrible word is 'Method'; within the last ten years my upper teeth have made wounds inside the under lip in getting out this word. I naturally avoided the ridicule of inserting a vowel-sound before an audience. Another occasion on which I am still constantly bothered, is in saying 'good-morning,' as I am shown out of a front door by master or maid; something unduly glues my tongue over the 'g' in 'good.' I get over this difficulty by bringing into operation another mental act, and the action of a different set of muscles, by the act of lifting my hat; I can say 'good-morning' without stammering, whilst in the very act of lifting my hat. Here the same principle is involved as in putting a vowel before 'M,' spasm of certain muscles is relieved by diverting nerve-energy to other channels and other muscles. Again, if I feel that I am about to stammer in any word, I try to substitute another word. Often, in public reading, if I avoid the difficult word by some substitution, the same difficult word may recur many times, and I can speak it with little or no difficulty.

"If I am reading a lecture in public which is legibly written, and if I have previously read it aloud to myself, I shall stammer little or not at all—in other words, do not stammer when the nervous system is calm. Similarly, if speaking in a public discussion, I confine my mind to one simple point at a time, I do not stammer, but if the mind, in its active tumultuousness, sees too much or too widely the other possible relatives of the subject, and a fear of a want of clearness comes over the mind, then my speech is full of stammering.

"The points which have seemed to me important toward avoiding stammering, are to seek nervous calmness; if this be not attainable by the will, the sufferer can do something to divert the præ or present spasms—such as drawing in the breath, always keeping the lungs well filled with air in speaking, walking up and down the room, moving other parts of the body by an act of will, taking up a book or ornament, etc. I have made it a strict rule never to seek to force myself to say the difficult words, but stop, and use another word; or substitute some other words immediately preceding the difficult one. The sufferer should read aloud when alone, both poetry and prose. Stammerers rarely stammer in reading poetry aloud, when alone; the mind and nerves by poetry are induced into harmonic rhythm, just as they are by dance music, and irregular action is prevented. The words which the stammer finds most difficult when in society, he will find easy enough, especially in poetry, when reading aloud in his chamber. I do not think that he should practice on these words, except when alone, and in the most calm way; he needs rather to read naturally as it comes, to forget that he stammers, and by practice of natural reading and speaking aloud when alone to educate the just coördination of the nerves, etc. I found it best to walk to and fro in my chamber whilst reading aloud."—*Medical Analectic*.

MICRO-ORGANISMS IN TUMORS.

In a valuable monograph on the pathogenic properties of micro-organisms contained in malignant tumors, published in the *Revue de Chirurgie*, Professor Verneuil comes to the following conclusions. The tissues of malignant neoplasms, cancer, sarcoma, epithelioma, etc., may be invaded by different germs, of which neither the origin nor the species can at present be determined with any accuracy. This invasion may remain latent for a long time, but it may at once, or at length, cause important modifications in the evolution and nutrition of the tumor, such as sudden increase in size, soften-

ing, or ulceration. These germs are not found in all kinds of new growths, nor in all tumors of the same kind, nor even in all parts of a tumor infected with germs at one point. They are not to be seen in lipomata, nor in pure fibromata, nor in incipient sarcomata, or cancers which grow slowly and are covered with healthy integument. On the other hand, they are almost always present in softened and ulcerated new growth. The germs have not only a prejudicial local action on the tissues of the tumor, but may set up a more or less intense attack of pyrexia, when they infect a tumor rapidly growing or softening. Professor Verneuil insists that during an operation for the removal of the tumor, the germs escaping into the wound beyond the limits of the new growth may of themselves set up septicæmia, independently of any germs which may enter the wound from the air, instruments, or dressings. The above theories favor the early removal of malignant tumors, and warn the surgeon to cut freely and far outside the limits of the tumor when he is obliged to operate after it has reached an advanced stage. He must further take care not to allow any juice or portions of solid material from the growth to touch the operation wound, if such an accident can possibly be avoided. Professor Verneuil's researches do not prove the existence of a special germ for any kind of malignant tumor, still less do they indicate that any tumor is produced by germs. They rather imply simple infection from without, as in every open wound.

—*British Med. Journal*.

SOME REFLEX NEUROPATHIES OF NASAL ORIGIN.

Goris (*Rev. mens. de laryngol*, etc., Jan. 1, 1890.) cites eleven cases, of more or less interest, illustrating the relation of nasal polypi, adenoid vegetations, and other conditions, to asthma, migraine, and similar nervous phenomena. He concludes that (1) nasal lesions of different histological nature may produce similar reflex disturbances; (2) the lesion may be situated in various

parts of the nasal and naso-pharyngeal cavities; (3) the pathogeny of nasal reflexes is explained solely on the relation between the trigeminal and other centers of innervation.

In *Gaz. méd. de Nantes*, Sept. 9, 1890, two cases are reported by Polo, one of hysteria cured by cauterization of the turbinated body, and one of asthma, which was cured by ablation of nasal myxomata. See also *Monatsschr. f. Ohrenheilk.*, 1889, No. 10, a paper by Stein, on the frequency of certain cardiac neuroses, due to nasal affections.—*Medical Analectic*.

THE ESTIMATION OF URIC ACID.

Of the methods in use for the estimation of uric acid some are too delicate and others are wanting in precision. MM. Arthaud and Butte (*Répertoire de Pharmacie*, Jan. 10, 1890) propose the following, which obviates these two inconveniences. It is based upon the property which uric acid possesses of forming with salts of copper a completely insoluble urate. At first sulphocyanide of copper in solution with sodium hyposulphite was employed, but the following is the formula of the solution now used: sulphate of copper, 1.484 gramme; sodium hyposulphite, 20 grammes; sodium and potassium tartrate, 40 grammes; distilled water, a sufficient quantity to make a litre of solution. The cupric salt in contact with the sodium hyposulphite is reduced, and the excess of hyposulphite helps to maintain the salt of copper in the cuprous state; the part played by the soda tartarata consists in giving stability to the reagent, and to prevent the formation of sulphide of copper. Experiment has shown that 1.428 gramme of copper sulphate is necessary to precipitate 1 gramme of uric acid. The above solution is therefore of such a strength that 1 cubic centimètre corresponds to 1 milligramme of uric acid. In order to estimate the uric acid in urine the phosphates are first precipitated by the use of sodium carbonate in excess. After filtration 20 cubic centimètres of the urine are taken, into which the reagent is added drop by

drop by means of a burette. A milkiness is at first produced, and then a white flocculent precipitate separates. When it is considered that the limit has been reached a small quantity of the liquid is filtered, to which is added a drop of the reagent. If any opacity is produced the precipitation of the uric acid is not complete. The process is stopped when the filtered liquid is not affected by the reagent. This method of estimation is considered by MM. Arthaud and Butte to be a very accurate one.—*British Med. Journal*.

NERVOUS TROUBLES AFTER TYPHOID FEVER.

In the case of a girl of five, after recovering from a light course of typhoid fever, Ollivier (*Four. de Méd. et de Chir. Prat.*, January, 1890) discovered a loss of sensibility to touch, pain, and temperature over the entire cutaneous and mucous surfaces. The tendon reflexes were diminished and even abolished in the lower extremities. Complete recovery took place in twelve days.

In another case he saw complete anæsthesia in the course and distribution of the left brachial plexus.

He has seen hyperæsthesia, under the same conditions, in a child so severe that the weight of the bedclothing was unsupportable to the trunk and limbs. This condition lasted only fifteen days. In one case the hyperæsthesia was confined to the dorsum of the foot; in another to the sole of the foot.

These sensory disturbances are only seen during convalescence, among young subjects of both sexes, are often discovered accidentally, and the prognosis is always good.—*Med. Analectic*.

PROF. PARVIN regards creolin as preferable to any other antiseptic in obstetrics. He employs it in the strength of one teaspoonful to a pint of water.


A PERSISTENT fissure in the middle of the upper lip is a very suspicious sign of a scrofulous diathesis.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

 All letters and communications should be addressed to, and all checks, drafts and money orders made payable to

DR. J. C. CULBERTSON,
EDITOR AND PUBLISHER,
199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, April 12, 1890.

The Week.

THE MEDICAL PROFESSION AND THE WORLD'S FAIR.

"The World's Fair, if there is to be one, will be held in Chicago in 1892 or 1893. We have already called attention to the fact that American medicine and surgery should be represented, and represented well, on this occasion. It will not be necessary to attempt to hold a large series of International Congresses, as was done in Paris. We doubt very much if this could be done very successfully. Even at Paris these Congresses were not, as a rule, very notable gatherings, and were made up mainly of the French.

It would be possible, however, for the profession of the three Americas to make some most interesting exhibits, and to have some very instructive conferences.

Illustrations of the development of medical, surgical, and sanitary science, and of hospital construction, should be made, and the occasion might well be taken to bring into closer relations with us the medical fraternity of Central and South America.

For these various purposes a good organization and plenty of money will be needed. Probably the machinery of the American Medical Association will

be employed in carrying out the plans. This Association has always made Chicago its centre, and although a good deal of criticism has been passed upon its efficiency and methods of work, yet the organization can be made no doubt to rise to the coming emergency.

We have no doubt that our Chicago brethren will be heard from when the proper time comes."

The above, from a recent issue of the *New York Medical Record*, is worthy of practical consideration at the ensuing meeting of the American Medical Association at Nashville.

Two years ago, when the Association met in this city there was made an exhibit of physicians' and surgeons' appliances and supplies, said to be superior to any similar exhibit ever held. The amount of practical information to be obtained in such a place on such an occasion is an adjunct education of the greatest value. What was done here can be done in Chicago, and it is hoped the project will be undertaken and made a prominent feature of the occasion.

TWINS.

The way in which one medical editor does take on when twins come right home to him, invade and pervade his domestic circle, is aptly illustrated in the last issue of the *Toledo Medical and Surgical Reporter*, where the editor just owns up and says in a

PERSONAL.

If there is a lack of that orderly decorum which should characterize the columns of a sedate and conservative medical journal this month, we hope our subscribers and advertisers will bear with us, for we have just received an invoice of twins at our house.

Here is what our friends of the Toledo press have to say about them:

Dr. C. P. Wagar is buying two-for-a quarter cigars to-day on account of the

arrival at his home yesterday of twins—a boy and girl.—*Toledo Blade*.

Dr. C. P. Wagar and wife are in ecstasies over the arrival of twins, boy and girl. Mother, twins and father are doing well. The doctor is frisky enough to jump over a three-story block.—*Toledo Bee*.

Dr. C. P. Wagar was all smiles yesterday. To be presented with a boy and girl—real live little angels—is cause sufficient.—*Toledo Commercial*.

A happy little home group of four will hereafter receive their friends at Dr. and Mrs. Charles Wagar's. There have arrived at this pleasant home two dear little additions to the profession, one a little daughter, the other a son. Dr. and Mrs. Wagar have the hearty congratulations of hosts of warm friends on this valuable accession to their home.—*Toledo Journal*.

We tender our congratulations, and at the same time wonder how it will affect the future editorial page of the *Reporter* after he gets his second wind.

If there is any one thing that we are inclined to dote on it is twins, and we have wondered time and again how the man who turned night into day as a floor-walker for twins would or could grind out editorial pap for an intellectual and highly educated list of subscribers. We propose to follow up this case and watch the results. We are interested—very much interested. Not that there seems to be any immediate danger of a similar invasion of our household, but then we cannot help but remember the case of Mrs. Toodles and her visit to the auction-room, and the purchase of a door-plate on which was engraved the name of Thompson, and spelled with a "p" at that. For the benefit of those of our readers who have not heard of the story of Mr. and Mrs. Toodles, we will say that after a married life of some twenty years, in which there had been a continuous absence of

bairns to bless their home, they were not altogether hopeless as to the future, as will be inferred from the colloquy which ensued after Mr. Toodles had arrived at home and carefully unwrapped the package addressed to him, the contents of which proved to be none other than the aforesaid door-plate with the engraved name of Thompson, spelled with a "p." His curiosity as to the necessity for such a purchase demanded an explanation on the part of his spouse. This was instantly forthcoming, and to the effect that it was neither impossible nor improbable that they might in the course of time have born unto them a daughter, and that that daughter might grow up to womanhood and then get married, and that, too, to a man by the name of Thompson, and who spelled his name with a "p," and then this door-plate would be so handy to have in the house. We are enough like Mrs. Toodles to say that we are not entirely without hope, although we are rounding the half century mile-post, that some day our domicile may yet be invaded by twins.⁽¹⁾

Between now and then a close watch will be kept over the effects on our brother of the *Reporter*.

TENTH INTERNATIONAL CONGRESS.

—We are informed that a programme of the Congress and other communications will be distributed two months before the meeting *amongst those who will have registered previously and received their Tickets of Membership*.

The latter can be obtained by sending application and five dollars to Dr. Bartels, Leipzigerstrasse, 75, Berlin, S. W. By so doing the members will save

¹ Our interested associate editor says twins don't run in our family—leastwise not to an alarming extent.

much crowding and time during the first days of the Congress.

THE Medical Editor's Association will meet in annual session on the evening of May 19, in the lecture room of the dental department of Vanderbilt University, Nashville.

AT the Cincinnati Hospital, Dr. Phillip Zenner, was, at the last meeting of the Trustees, elected to the recently created staff position of Neurologist.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, April 14, Dr. C. T. PHYTHIAN will read a paper on "Hernia."

CINCINNATI MEDICAL SOCIETY.—

Tuesday evening, April 15, Dr. J. C. MACKENZIE will report a "Case of Landry's Paralysis," and Dr. WM. CARSON will report a "Case of Hystero-Epilepsy in a Boy."

Delegates will be chosen for the American Medical Association and to the Ohio State Medical Society.

A VALUABLE REMEDY.—Gentleman (to village cobbler): "What's that yellow powder you are taking so constantly, my friend?"

Cobbler: "It's snuff—catarrh snuff."

Gentleman: "Is it any good? I'm somewhat troubled that way myself."

Cobbler (with the air of a man who could say more if he chose): "Well, I've had catarrh for more'n thirty year, an' I've never took nothin' for't but this."—*Epoch*.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending April 5, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	2	...	...	...	1	...	4	1	...	...	...	...
2.....	...	...	1	...	1	...	3	1	...	...	...	...
3.....	...	...	...	...	...	...	2	...	...	...	...	...
4.....	2	3	...	...	...	...	2	...	...	...	...	...
5.....	...	...	...	...	1	...	1	...	...	...	...	...
6.....	2	...	...	...	1	...	...	...	...	...	...	...
7.....	...	...	...	...	...	...	1	...	...	...	...	...
8.....	...	...	...	...	...	...	...	...	...	...	...	...
9.....	...	...	1	...	...	...	...	...	...	...	...	...
10.....	...	...	...	...	...	...	1	2	...	...	...	...
11.....	...	...	...	...	...	...	2	...	...	...	...	...
12.....	...	...	...	...	...	...	5	1	...	1	1	...
13.....	...	...	1	...	...	...	1	1	...	...	...	...
14.....	...	...	...	...	...	...	...	...	...	2	...	...
15.....	...	...	1	...	...	...	...	...	...	...	...	...
16.....	...	...	...	...	...	...	...	...	...	...	...	...
17.....	...	...	...	...	...	...	...	...	...	...	...	...
18.....	...	...	...	...	1	...	...	...	...	...	...	...
19.....	...	...	...	...	...	...	1	...	...	...	...	...
20.....	...	...	...	...	...	...	...	...	...	...	...	...
21.....	...	...	...	...	...	...	...	...	...	...	...	...
22.....	1	...	...	...	...	...	...	1	...	...	...	...
23.....	...	...	...	...	...	...	...	...	...	...	...	...
24.....	...	...	...	...	...	...	...	...	...	...	...	...
25.....	...	...	...	...	1	1	...	...	...	...	...	...
26.....	...	...	...	...	...	...	...	...	...	...	...	...
27.....	1	...	...	...	...	...	...	...	...	...	...	...
28.....	1	2	...	1	...	...	...	...	...	...	...	...
29.....	...	...	...	...	...	2	1	...	...	...	...	...
30.....	...	...	...	...	...	3	...	...	...	...	...	...
Cin. Hosp.	...	...	...	...	...	...	...	...	...	...	...	...
Good Sam. Hosp.	...	...	...	...	...	...	...	...	1	...	...	...
Totals	9	3	6	...	6	1	27	8	2	4	1	...
Last week.	1	2	3	...	3	...	19	9	4	...	...	...

The following is the mortality report for the week ending April 5, 1890.

Group.....	1
Diarrhoea.....	1
Dysentery.....	1
Diphtheria.....	8
Measles.....	3
Typhoid Fever.....	2
Whooping Cough.....	1
Other Zymotic Diseases.....	4—21
Cancer.....	4
Phthisis Pulmonalis.....	14
Other Constitutional Diseases.....	5—23

Apoplexy	3
Bright's Disease.....	2
Bronchitis.....	3
Convulsions.....	1
Heart Disease.....	9
Peritonitis.....	2
Pneumonia.....	17
Other Local Diseases.....	16—53
Old Age.....	2
Premature Birth.....	4
Puerperal Septicæmia.....	1
Other Developmental Diseases.....	7—14
Accidental Causes.....	2

Deaths from all Causes.....	113
Deaths for corresponding week in 1889....	112
Deaths for corresponding week in 1888....	117
Annual Death-rate per 1,000.....	18.08

BYRON STANTON, M.D., Health Officer.

OHIO STATE BOARD OF HEALTH BULLETIN.

Infectious diseases reported to health officers in 41 cities and towns during the week ending April 4, 1890:

Diphtheria: Cincinnati, 27 cases, 8 deaths; Toledo, 21 cases, 5 deaths; Cleveland, 8 cases, 5 deaths; Malinta, 7 cases, 3 deaths; Painesville, 4 cases, 2 deaths; Dayton, 3 cases; Springfield, Mansfield and Beverly, each 2 cases; Youngstown and Hicksville, each 1 case.

Scarlet Fever: Cleveland, 17 cases, 1 death; Dayton, 9 cases; Smithville, 7 cases; Toledo and Springfield, each 4 cases; 2 cases each in Youngstown, Millersburg, Glenville and Malinta; one case each in Painesville, Fostoria and Chester Hill.

Typhoid Fever: Cincinnati, 2 deaths; Toledo, 4 cases, 1 death; Cleveland, 2 cases, 1 death; Springfield, 3 cases; Ada, 2 cases; Fostoria and Ironton, each 1 case.

Whooping-Cough: Cincinnati and Cleveland, each 1 death; Ada, 21 cases; Bloomingburg, 2 cases.

Measles: Cincinnati, 9 cases, 3 deaths; Cleveland, 15 cases, 3 deaths; Ada, 34 cases; 10 cases each in Warren, Glenville and Bloomingburg; Painesville, 8 cases, 2 deaths; Arcanum, 6 cases; Malinta, 4 cases; Middletown, 2 cases; one case each in Ravenna, Ironton, Garrettsville, Versailles and Rawson.

The following places report no infectious diseases: Felicity, Salem, Wellston, Uhrichsville, New Richmond, West Liberty, Bainbridge, West Unity, Glendale, Kent, Dalton, Woodsfield, Zanesville and Wabash Township, Parke Co.

C. O. PROBST, M.D., Secretary.

NEW YORK COLLEGES.

A bill to repeal the statute requiring the preliminary education of medical students has already passed to its third reading in the New York Legislature. This repeal is called for by Dr. Austin

Flint and others in the interests of certain colleges, on the ground that a large portion of the medical students graduated in the medical colleges of this country are from New York colleges. That the students spend here over a million dollars every winter, and that the act requiring a preliminary examination drives students to colleges out of the State, and should therefore be abolished. We have here the old cry, "our craft is in danger," in the call for the repeal of a law which has been most salutary in its action and which promises excellent results in the future, simply because there is a possibility of its diminishing the funds in college treasuries. The argument making the public good a secondary consideration to the amount of fees poured into the treasury of colleges, is one we are sorry to see made by any man in the medical profession who represents in any degree an institution of learning.

—*N. Y. Med. Times.*

A MALPRACTICE SUIT.

Physicians in the western part of Massachusetts are much interested in the case lately tried in Springfield, of Homer C. Ross against Dr. Wallace H. Dean of Blandford. The plaintiff asserted that he had lost the use of an arm because it was improperly set by Dr. Dean after it was broken in an accident. But the best known doctors of the vicinity testified that the treatment was all right and that the arm could be used. Dr. Francis Bacon of New Haven extended the man's arms and held them up for a time, when he suddenly stopped supporting them. The fact that they remained up long enough to exhibit the absence of the paralysis was conclusive. The result was that Judge Barker instructed the jury to bring in a verdict for Dr. Dean without leaving their seats.

—*Boston Med. and Surg. Journal.*

THE UNIVERSITY OF CALIFORNIA.—The Legislature of California has passed a bill appropriating \$80,000 for erection of a new Medical College for the University in San Francisco.

Translations.

THE CONSULTATIONS OF MADAM DE SEVIGNE.⁽¹⁾

EXTRACTS FROM AN ESSAY BY
DOCTOR P. MENIERES.

TRANSLATED BY
T. C. MINOR, M.D.
CINCINNATI.

In the correspondence of this celebrated marquise many diseases as well as doctors are mentioned, for Madam de Sevigne was full of drugs, and we meet remedies on every page of her charming letters, for medical practice was one of the occupations of this noble lady. The health of her family and friends caused her solicitude most of the time and she had a real talent for medicine, especially the application of domestic remedies for all the lesser miseries that flesh is heir to; it is true she often prescribed for those who did not ask her advice, and her defiance and half-hidden contempt for legitimate medicine and the regular Faculty, added to a childish credulity in medical pretenders and quack salves, is ever amusing. Madam de Sevigne was born on February 5, 1627. She married young, and was the mother of two children; she was a widow at an age when her beauty was so striking and the charm of her manner so fascinating that she attracted the attention of the most brilliant and unscrupulous men of France; but, her prudence and her virtue were so great that she avoided all dangers, so that even her cousin, Bussy Rabutin, the most unscrupulous *roue* and wickedest satirical writer of France, after a check which his pride badly supported, rendered her high but tardily-given tribute to her virtue and many pure feminine attributes.

Menage, also one of her desperate admirers, was another who had her as a correspondent, but her letters, properly speaking, do not commence until about 1664, and it is about the time of

the trial of Fouquet that we find in her epistles addressed to the Marquis Pomponne the proof of that marvelous talent as a female correspondent, that has awakened such universal admiration among men. The concise phrase, the elegant expression, the proper word accentuated, the firm and correct style of her language, all indicate a perfect free thought, an alluring manner, a correct and noble expression of sentiment, as though she loved only the person to whom she wrote. She was indeed a feminine charmer in all her many letters, but now as to her medical knowledge.

In an epistle dated Nov. 20, 1664, she says: "Madam Fouquet gave an injection to the Queen, which cured her majesty's convulsions, which were, properly speaking, *only hysterical*."

Let us look at the practice of medicine at this time; let us peep into the palace of Louis XIV., where the Queen Marie Therese, married for about four years, brought into the world a wee baby girl that only lived a month, for the day following her accouchement her majesty was attacked by convulsions that soon reduced her to such extremity that Anne of Austria, the Queen's mother, warned of the danger, had the last rites of the church administered to Marie Therese. The young Queen persisted in not dying in spite of the extreme unction, and a new treatment was essayed and soon she was out of danger. What was this treatment of the Queen, given up by the doctors and the clergy?

Madam Motteville claims that an emetic did this good work, but Madam de Sevigne thinks herself authorized to give a contrary opinion, for, she writes to Monsieur Pomponne, her devout admirer: "I saw Fouquet's mother, and she told me the manner in which she gave the Queen an emplastrum, certain it is the effect was prodigious; in less than an hour the Queen's mind was clear, and she had such an extraordinary evacuation from her bowels, and a mass of corrupt matter, enough to cause any one's death, that it was truly wonderful. It was then the Queen said to Madam Fouquet, in a loud voice, 'You have cured me!' She said she

1. Les consultations de Madam Sevigne. Par le Docteur P. Menieres, Chevalier de Legion d'Honneur. Paris. Page 145.

was emptied and what had caused the convulsions was gone. The Queen's mother was fully persuaded of the truth of this, and told the King, who would not listen to her. The physicians, without whose knowledge the emplas-trum was applied, did not say what they thought, and made their courtesies at the expense of the truth."

It is perhaps desirable to have more exact information in regard to the nature of the Queen's malady. She may have had the retention of a portion of the placenta, an internal hemorrhage, or other functional trouble; or she may have suffered from a simple attack of eclampsia. As to the reproach addressed to the Queen's physicians, not much importance need be attributed. Madam de Sevigne's charge that the doctors were courtiers without conscience, sacrificing the truth in order to be agreeable to the King, is a grave inculpation, yet there are others that deserve less indulgence. It is certain that this em-plastrum made a great noise in the fashionable world, for, according to Madam de Sevigne, "*Madam Fouquet is a Saint who performs miracles.*"

Writing to her cousin Bussy she says, in speaking of the marriage of her daughter, that occurred on Jan. 29, 1669, "She is the prettiest girl in all France and sends you her compliments." It was this same Bussy who called her the future Countess de Grignan. Yet, what mother is there who does not desire to marry her daughter? One year after this marriage the young Countess de Grignan was upon the point of accouchment and went to her mother's, in Paris, in order to be confined at home. The husband of her daughter was in Provence, ill, and she wrote to him under date of Aug. 6, 1670: "I shall rejoice when you are well again, as much for love for you as for love of my daughter," and she adds mischievously, by way of pleasantry, "I trust if you intend to have another bilious attack you will wait until after my dear daughter is delivered." The young wife deplored being kept in Paris while her husband was so far away and sick, but Madam de Sevigne comforted her by saying: "Young wives are best con-

fined at their mother's home, in the bosom of their own family; it makes their labor more easy."

She evidently loved to dwell on the merits of the distinguished *accoucheurs* of Paris, so let us see how this grand affair was conducted. Writing to her son-in-law on August 15, Madam de Sevigne remarks: "I need not tell you I take the best care of your better half. I have truly exerted myself in behalf of her health; nevertheless, I do wish that the little boat was anchored in a safe port. I wish to God that your wife was as happy as little Deville, the schoolmaster's wife, just confined under our roof and delivered of a boy baby. My daughter said immediately, 'Ah! I am so sorry that Madam Deville has a boy, for two boys cannot be born in the same house at the same time.'"

We do not affirm that this argument holds good, but must add that the Countess was delivered of a girl, and this is how it happened, according to Madam de Sevigne: "On Saturday, November 15, 1670, after a promenade, Madam de Grignan felt slight abdominal pains. Entering our house, I desired to send for Madam Robinet, the midwife, but my daughter objected. We supped, but she ate but little. She seemed only to have a slight colic. Finally, as I was going to send for Madam Robinet in spite of her protests that nothing was the matter, the pains suddenly became very acute and continual and she uttered violent screams, so piercing, in fact, that I knew what the trouble was. We sent for the midwife, but she was absent and could not be found. I was in despair; but luckily the midwife who had delivered the little Deville was found, and the child was born in a quarter of an hour. Pequet arrived and aided at the accouchement. When all was over Madam Robinet came in, and was both astonished and amused that your wife, Madam la Duchesse, was through so easily."

We see here that midwives were ordinarily called into obstetrical cases at that period, and that the doctor only intervened in very difficult cases. Doctor Pequet was only summoned at a

moment when other help was absent. It was Helen, one of the servants of the Marquise, who said to her, "Madam, the baby is a little boy"; but on looking at it a little closer they cried out together, "Ah! no, it is a little girl." And, adds Madam de Sevigne, "We were so ashamed of ourselves at making such a mistake in the Doctor's presence that we fell to saying our beads to hide our blushes." In a similar case a Princess, who was confined alone, was not deceived as to the sex of her child, for when help came to her she exclaimed, "It is a boy!" And as the royal household was astonished at this affirmation, she added, "*Ah! I am sure of it; I felt it!*" Thus certain maternal interests clear up some obscurities and remove trivial matters of doubt.

We find in a letter of March 16, 1671, an enigma whose solution is easily comprehended: "I conjure you to tell me the condition of your health. If you feel perfectly well, you are sick; if you are sick, you are well. I wish you may be sick, my daughter, so that you will be well at least after a few months." We meet on every page of the correspondence an intimate and infinite tenderness. The most courteous epigrams are hidden under compliments; she writes always in a railing way, but never indulges in real wickedness. Thus, she writes of the maids-of-honor at Court: "Would you believe it, the Queen's maids are enraged. Eight days since Mesdames Ludre and Coetlogon and the little Vouvray were bitten by a dog; this small animal died from rabies, so that Ludre, Coetlogon, and Vouvray left this morning for Dieppe, so as to be thrown headforemost into the sea three times." This was the only remedy to cure hydrophobia except cauterizing the bitten surface. Even at the present day in the south of France it is a superstitious belief that persons bitten by rabid dogs must be plunged under ocean water.

On March 11, Madam de Sevigne writes: "I have had a cold for several days, and have kept my chamber; almost all your friends came to see me. The little Doctor Pequet is in atten-

dance at my bedside, but my malady will be over before this reaches you."

There was a most agreeable intimacy existing between Madam de Sevigne and her physician. Pequet held an honorable rank in the fashionable world, and the Madam was a frequent sufferer from catarrhal attacks requiring medical attention.

On Sunday, March 23, 1671, Madam de Sevigne visited the celebrated Rochefoucauld, author of the "Maxims," who was the victim of gout, and she thus describes his malady: "I found him crying aloud; his pains were so severe that his will power was vanquished: his agony was so excessive that he was seated in his chair with a violent fever. I felt very sorry for him as I had never before seen him in such a state. He asked to be remembered to you, and to tell you that the tortures of the rack would not make him suffer half as much as the disease, and he wished that Death would carry him off as an act of mercy."

Much has been falsely written of Madam de Sevigne's prejudice against coffee, and this is what she thinks of chocolate: "I desire to tell you, my dear child, that chocolate is no longer what it once was to me; the world used it, and so I was led to take it. All those who spoke good of it now speak ill of it; in fact, they curse it and accuse it of every ill that one has: it is the source of hysteria and palpitation; it pleases your stomach for a time, and then lights up a continuous fever that often kills. We see how hard it is to establish a good reputation under such bitter aspersions and calumny. Poor chocolate! its entrance into fashionable society was only effected after many painful attempts; but it seems to have had its revenge." And, as if this were not enough, the Marquise adds: "In God's name don't try to defend it, and, believe me, it is no longer fashionable to use!"

Says Madam de Sevigne, again writing to her daughter: "Let us speak a little of your brother." This brother was a libertine, who lived openly with the famous Ninon de Lenclos, the most beautiful woman of the time; and

strange to say, the young Marquis confided all his amorous conquests to his mother.

Says the Madam to her daughter: "Your brother informs me of an accident that has happened. He had a favorable opportunity with a lady, and meantime the young woman, who had never indulged in such festivities before, failed to come to time. And is it not amusing that your brother cannot help telling me his amorous misadventures? I laughed very much at his recital, but told him I was ravished that he was punished for his sin." This *abandon* in the correspondence of a woman with a man, of a mother with her son, leads us to note the singular liberty which appears to have existed at this epoch. The court of Louis XIV. was much more profligate than any of its predecessors. "My son," continues Madam de Sevigne, "wishes that Doctor Pequet would cure him, and says the most foolish things of the world and me also; it was a scene worthy of Moliere. I told your brother that the Empire of Love was founded on tragical histories, and the little Chimene says she sees that he no longer loves her, and that she will seek consolation elsewhere. Ninon told him he had found a fried citron under the snow." As if to add zest to this scandalous epistle the Marquise adds a vulgar story told her by her son: "It was a comedian who wished to marry, although he had a certain but slightly dangerous malady, and a comrade said to him: 'Marry? The Devil! Better wait until you are cured; you will spoil all your friends' pleasures.'" Madam de Sevigne concludes: "The disease of your brother's mind has now fallen upon his body and his mistress, so that I can no longer support him with pleasure." Writing again shortly afterwards she notes the fact that "Madam Bethune is still pregnant. I yesterday saw Madam de Guise, and she charged me to give you a hundred of her compliments, and to say that she was only three days off from her extremity. Madam d'Erchun has had an attack of apoplexy. Madam de Verneuil has been very ill from nephritis; she had a baby, which she called Peter because it

was not a Polly. Madam de Cressel is pregnant, as well as a thousand other ladies. It is reported that Madam de Briez accouched the other day immediately on hearing a pistol shot fired in the street. Tell your amiable husband that I embrace him in fancy a thousand times, notwithstanding all his iniquities; I'll swear, however, that if he has done you an injury, his medicine is good—that is to say, he takes extremely good care of your health. In the name of God, if you love me, take care of your dear self; do not dance; do not fall down; rest yourself as often as possible; above all, get ready for your confinement at Aix, where you can secure prompt medical attention. You know how expeditious you are in these little feminine matters, but it is better to be quick than slow."

The following narrates the history of a very grave indisposition: "I went to mass in a carriage with my aunt, and on the road was attacked by a pain in the heart; I feared the after-effects, and on my return vomited a great deal. Then I had severe pain in the right side, and commenced vomiting anew; the pain redoubled, and there was alarm throughout the domestic camp; we sent for Doctor Pequet, who paid me devoted attention; they sent for the apothecary, who sent for certain herbs, and they sent for a bath; if I had had twenty servants they would all have been kept busy. The colic lasted all day and all night and then happily disappeared."

On the occasion of the execution of the Count de Franzapani, decapitated at Neustadt April 30, 1671, Madam de Sevigne writes: "*Apropos* to this execution, here is a little incident that will freeze your blood. M. De Plessy had two ingrowing toe-nails like you had, and in place of the fine treatment given you by Charron an anodyne remedy was prescribed. It was to pull out his toe-nails by the roots, to the end of effecting a radical cure." The charming woman never dreamt that the cruel practice of treating ingrowing nails would continue for many years, even by illustrious surgeons of the nineteenth century; for instance, Depuytren always

resorted to this barbarous and heroic remedy.

On the night of February 3, 1672, the Countess de Conti was struck with apoplexy, and Madam de Sevigne writes: "She was not dead yet, but was without consciousness, pulseless and speechless, and she was martyred in order to make her revive. She died next day. She was sadly disfigured by the injuries inflicted on her mouth; they had broken off two of her teeth and burned her head; that is to say, if the poor patients do not die of the apoplexy they would complain sadly of their physical plight. It is cruel to use such violence. One might place the actual cautery on the cranial bones, but what reason is there in breaking two teeth for contraction of the jaws?"

At this same time one of De Grignan's brothers died of small-pox. "He was rudely bled," remarks Madam de Sevigne. "He was opposed to the procedure, which was the eleventh bleeding he had submitted to, but the doctors insisted; he replied that he had aban-

doned all hope, and that they wished to kill him according to rule." We find in this and other letters her antipathy to bleeding. This brother of her son-in-law's was on a milk diet for some time preceding his attack of small-pox, and she adds: "The fever seized him in Paris, and the pox came out with such corruption that none could endure his chamber, and he passed worms in large quantities that were derived from the milk diet he had taken." Madam de Sevigne had her own ideas on the putridity of humors and on fermentation in the organism and the development of worms produced by the corruption of various intestines; she was one of the earliest germ theorists.

[TO BE CONTINUED].

It is a curious fact and known to few, that J. G. Whittier, the poet, is completely color-blind. He sees absolutely no distinctive colors at all, and, so far as his outer senses are concerned, this lovely world might be one delicately-shaded but invariable gray.

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INFLUENZA:

ETIOLOGY AND PATHOLOGY.

A Paper read before the Cincinnati Medical Society, January 7, 1890,

BY

J. A. THOMPSON, M.D.,
CINCINNATI, OHIO.

The doctor who writes about influenza without having passed through an epidemic of it must necessarily be only a compiler. But the object of our present discussion is to freshen our knowledge of what has been learned concerning it, so a compilation will answer our purpose. Thus fortified by past experience, we can meet the coming epidemic more intelligently. "He who is a diligent reader of the ancients," says Rhazes, "can gain as much or more experience as though he himself had lived through a thousand years."

Influenza is a continued fever, occurring in rapidly spreading, widely extended epidemics, characterized by catarrh of the respiratory tract, by nervous symptoms and general debility out of all proportion to the fever.

It is due to a specific germ. Some observers claim to have found the micrococcus. They have each described it differently, and each given it a name some millions of micro-millimeters larger than the object itself. But all such observations need confirmation.

The disease is known by, and has been described under over forty different names. Of these "influenza" and "la grippe" are the most popular. Epidemic catarrhal fever is probably the most satisfactory of its descriptive, scientific names.

Its native place is probably China. Just when it first became epidemic, history does not accurately record. If Hippocrates mentions it, his description is very vague. Epidemics which were probably influenza are recorded in 827 and 876 A. D. In this latter one, animals also suffered. Following these a number of epidemics which were probably influenza traversed Europe at varying intervals of time. The first clear unmistakable description we get of this disorder is, of the epidemic which prevailed in England in 1510 A. D. Forty-seven years later it made its first recorded appearance in America. It ravaged Europe several times in the hundred years that followed, but a century elapsed before the American colonies were again afflicted. Since that time under favoring circumstances, whose nature we do not know, the disease has travelled over a part or the whole of the known world many times. Sometimes it has come and gone quickly as in the epidemic of 1782 A. D. But the epidemic of 1798 A. D. lingered around Europe for five years.

A catalogue of the different invasions of influenza would not be either interesting or profitable. But there are items of value in the accounts of the varying characteristics of different epidemics. Some have been very fatal, as those in 1311, 1403 and 1837 A. D. Generally though, only those enfeebled by want, age or disease, have died from it.

In most epidemics children have enjoyed a comparative immunity from infection.

Climatic conditions affect the contagion but little. It prevailed on both sides of the equator at the same time, consequently at opposite seasons, with

equal malignancy in the epidemic of 1837 A. D.

The disease, as near as we can tell from recorded observations, is not dependent on human intercourse for its transmission, as other epidemics are. It travels faster than men do. It does not follow lines of travel or commerce. In the epidemic of 1789 A. D. crews of vessels on the high seas, with no known source of contagion, were affected.

Some epidemics seem to have been accompanied by epidemic tonsillitis, or else that portion of the oral cavity was specially affected by the catarrhal inflammation. Influenza has sometimes been preceded, sometimes accompanied by epizooties among animals. But the latter disease may prevail without the former.

There are no known predisposing causes. There is no human condition that confers immunity. One attack does not prevent a reinfection in the same or succeeding epidemics. All seasons of the year and all climatic vicissitudes have had their epidemics. There are no known atmospheric or telluric conditions that seem to materially favor or retard its spread. It usually remains in one locality about two months. But like every thing else about this capricious disorder, the stay may vary greatly. It was prevalent in Paris for a year without intermission. It is not often preceded by scattered cases, but attacks hundreds at once and disappears as suddenly as it came.

The disease is contagious. It also spreads independently of direct contact. A germ capable of living in and traveling through the air, is the only conceivable cause that will explain all the phenomena of the spread of the disease. The spread is not always in the direction of prevailing winds, but often against them.

Its period of incubation varies from a few hours to two weeks. Many varieties of influenza have been described by various writers. As a rule the distinctions have been made on the preponderance of symptoms due to the greater affection of the nervous, respiratory, or digestive systems. But these variations are probably due more to in-

dividual peculiarities than to a difference in the infection, since all types are found in the same epidemic.

The milder cases of influenza, such as constitute the great majority in every epidemic, present the symptoms of a common cold. There is perhaps a greater depression of both physical and mental powers in influenza, but the symptoms vary rather in degree than in kind. There is this important distinction though to be noted. Imprudence or exposure during a mild attack of influenza is much more apt to be followed by fatal complications than a similar indiscretion during a cold.

The severer cases begin with rigors or a chill. Remittent fever of greater or less degree, obtains throughout the whole duration of the attack. There is intense frontal headache. Acute conjunctivitis and rhinitis, with lachrymation and watery discharge from the nose accompany the fever. Acute laryngitis, pharyngitis and bronchitis are set up, causing tickling in the throat, hoarseness, and a dry distressing cough. Aggravating fits of sneezing, sometimes accompanied by epistaxis, are frequent. Smell and taste are lost or perverted. Intense neuralgic pains in the extremities begin with the onset of the fever. Dyspnoea is often present and is sometimes dangerous. It may be due to bronchitis, oedema of the lung or may be purely nervous. The nervous symptoms are out of all proportion to the local inflammations or the fever. Stupor or delirium are common and convulsions not unknown. Occasionally the catarrhal inflammation affects the digestive rather than the respiratory system. Then colicky pains, abdominal tenderness and diarrhoea take the place of the pulmonary symptoms. In all cases there are the usual concomitants of fever, such as loss of appetite, sickness and diminution of urine. The fever seldom runs above 103° F. in uncomplicated cases. A higher temperature is usually indicative of a grave pulmonary complication. Among the symptoms requiring a special notice, cough is prominent. It is frequent, excessive, paroxysmal and distressing. It generally grows worse as night approaches. At

first it is dry, but later is attended by a muco-purulent discharge.

The extreme mental and physical exhaustion are one of the most marked features of influenza. The least mental or physical exertion fatigues the patient greatly, and if exercise is persisted in it may result in fatal exhaustion.

The intense headache which accompanies the disease is probably reflex. Recent observations have taught us that few disorders are more painful, than a swelling, acute or chronic, in the upper portion of the nose where the swollen tissue is compressed between immovable bony walls. The acute inflammation of the Schneiderian membrane in influenza would undoubtedly give rise to such pressure. Restlessness, sleeplessness and delirium, complete the picture of the nervous symptoms in this disorder.

The principal complications are pulmonary. Catarrhal pneumonia and capillary bronchitis are common. Between five and ten per cent. of all cases have inflammatory complications.

Chronic laryngitis and bronchitis are the most common sequelæ. The differential diagnosis between influenza and non-specific cases of catarrhal fever or "colds", is difficult. The chief clinical distinction is in the great depression, neuralgic symptoms, and spasmodic cough of influenza, which are not present in sporadic cases of catarrhal fever due to climatic causes.

A GOOD DEPILATORY.

The following is published in the *Chem. Centralbl.*, Feb. 1890.

R Barli Sulphat, . . . 2 parts.
P. Amyll, . . .
Zinc. Oxid. . . aa. 1 part. M.

When about to use it, a quantity of water sufficient to make a paste is added, and all is well mixed. This is then applied to the surface, from which the hair is to be removed, in a thin layer. It is allowed to remain for a short time, or until it becomes too painful. If necessary, a subsequent application will be made.—*Pittsb. Med. Review.*

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of February 3, 1890.

The President, WM. JUDKINS, M. D.,
in the Chair.

G. A. FACKLER, M.D., Secretary.

Fibroid of the Uterus.

DR. THAD. A. REAMY reported the following case: The patient had first come under his observation about one year ago. She had been in the care of competent, general practitioners and specialists. She had suffered with a growth in the abdomen and a great deal from hemorrhages. The tumor at this time had extended up to the ensiform cartilage. The speaker at first thought it was a fibroid tumor that had protruded from the cavity of the uterus. Upon critical examination, however, he found no posterior cul de sac, and the only place of entrance for the sound was in front of the growth. Here it could be introduced to a distance of fourteen inches. The anterior uterine wall was so thin, that a sensation was imparted as if nothing intervened between the sound and the finger externally, but the skin. The beak had no play to the right or left to any distance. His diagnosis was of course a fibroid of the posterior uterine wall.

Whether he was right or wrong in his decision as to treatment was a question for discussion. But the fact that the tumor was of such enormous size, its projection into the vagina, the enormous compression of the pelvic walls and the complete obliteration of the vagina above, did not, in the speaker's estimation, render it a favorable subject for hysterectomy. Nothing but dissecting out the entire uterus, according to Polk's method could be thought of. He did not believe that this could be done and the bleeding vessels handled successfully. A laparotomy seemed to him probably a fatal procedure. Hence the speaker attempted other methods. He made

traction upon it from day to day, as directed by Emmet, giving her the salts of potash and ergot. The latter controlled the hemorrhage to some extent, so that the patient was able to leave the city for her home for weeks at a time. Electricity was also attempted, the electrode penetrating to a distance of six inches into the substance of the tumor, the penetration being made per vaginam. This always controlled the hemorrhage, but had no effect upon the substance of the tumor except the production of a slough. Fearing septicæmia, electrolysis was abandoned and not resorted to for three months before the death of the patient. In consequence of the repeated traction, the tumor was pulled down until it pressed upon the perineum, and did not extend but a short distance above the umbilicus. The speaker concluded to carry the destruction higher up with the scissors. The patient bore the treatment nicely. The growth was descending gradually, and the speaker intended to enucleate when it reached a certain point, although he recognized the danger of such a procedure on account of the attenuated uterine walls.

The tumor was a typical fibroid, but the tendency to bleed showed that its vascular supply was contrary to the rule.

The patient seemed to be doing well, her appetite was good, she was not failing rapidly in strength, and her temperature and pulse were almost normal. A few weeks ago, about 5 o'clock in the evening, symptoms of collapse suddenly appeared, and the patient died within a few hours. Within two or three hours after the collapse supervened the tumor distended so rapidly that the size of the abdomen was astonishingly great. The speaker thought or suspected that the uterus had ruptured, but the collapse was so profound and evidences that decomposition was going on in the tumor, the speaker, in the absence of the patient's husband, did not believe it proper to attempt a laparotomy. Subsequent events sustained the wisdom of this conclusion.

Section made two hours after death revealed that necrosis of both uterus

and tumor had occurred. The decomposition in the interior had progressed so rapidly that the gases which developed distended the tumor and walls of the uterus until their thickness was that of ordinary brown paper. The vascular supply had been very liberal. The broad ligament in the right side was perfectly black. It was difficult to distinguish between tumor and uterine tissue. Cystic degeneration of the tumor had at no point occurred.

Dr. Reamy exhibited a specimen of intra ligamentous cyst. As is well known, he remarked, such growths develop from the remnants of the Wolfian bodies. In consequence of the large amount of epithelium here present we get an explanation of the great amount of tissue and of the origin of the papillomatous growths in the interior of the tumor. There was anteriorly a perforation of the peritoneal covering. The cyst was shelled out from the broad ligament folds. The speaker had found it unusually difficult in this instance to avoid the ureter. The patient doing well.

Multilocular Ovarian Tumor.

Dr. Reamy also reported a case of the above, exhibiting specimen.

The patient was operated upon and seen in consultation with Drs. Potter, Rose and Ferguson, of Indianapolis, where the operation was done. She had had her right ovary removed about three years ago by the late Dr. Harvey. Her general health was good until within the past five months. The tumor on the left side had gradually enlarged during the last one and one-half years. During the last three months the growth was very rapid and her general health rapidly declined. At the time of the operation Dr. Potter stated that she had had no elevation of temperature or increase in pulse rate for five or six days previously. The speaker did not examine the patient until she was upon the operating table, and remarked then that there was a large amount of fluid in the abdominal cavity, likewise that there was a cyst, and that there must have been a peritonitis. Upon opening the peritoneal cavity about two gallons of

ugly fluid, almost black in color, and colloid material, escaped. The entire peritoneum was dark and covered in every direction with papillomatous growths. The omentum was of the color of yellow clay. Extensive adhesions to the intestines and omentum were found. They were detached and the vessels ligated with cat gut. The speaker found the pedicle, transfixed it and removed the tumor. The uterus, the upper surface of the broad ligament and everything in the pelvis, were covered with the growths above referred to. There was found an opening into the tumor high up, through which its contents had been emptying into the peritoneal cavity for three months. The growths were probably papillomatous degenerations of the adenoid bodies existing everywhere upon this great lymph sac, the peritoneum; and their irritation by the presence of the fluid propagated their growth.

The peritoneal cavity was washed out thoroughly with simple water and a drainage tube inserted. The temperature never mounted above 100½°. There was no vomiting, no pain, and the case went on under the skillful care of Dr. Potter, to uninterrupted convalescence. The character of the discharge warning against the early removal of the tube, this was left in position for eight or ten days, and naturally a sinus remained, which is now nearly closed.

The case, remarked the speaker, is intensely interesting in that such a quantity of fluid of the character described could be poured into the peritoneal cavity for so long a period, and the patient should not only survive, but in the last week have no fever, although she was steadily going down. It is interesting also in the result obtained, because after reaching such a stage after removal of the growth, washing out the peritoneal cavity simply with an abundance of water, should arrest the disease. He had never seen a peritoneum more discolored, nor these elevations upon its surface more numerous.

DISCUSSION.

DR. JOHNSON, by invitation, discussed the cases reported. He left the first case with a bare mention that he

agreed with Dr. Reamy that nothing could be done except to extirpate the entire uterus according to Polk's method. As to electrolysis, he had seen something of it and the more he saw, the less he liked it. It is so apt to bring up the very trouble in the ovary and broad ligaments, which we are compelled to operate for subsequently. The speaker referred to two cases from Apostoli's clinic illustrating this point.

The speaker referred to the last case in which there had occurred secondary irritation of the peritoneum from foreign fluid. The peritoneum is a dilated lymph channel full of adenoid growths, varying from a microscopic size to that of the head of a pin. The etiology of their abnormal development is the same as that of spurious trachoma of the eyelid. It is a simple thickening of the adenoid tissue. Besides this, there is a true waste. Simple and benign, a proliferation of epithelium. Finally, we meet with the carcinomatous wart.

On this account Tait urges that all broad ligament cysts should be taken out early. The papillary growths are very infectious. The tissues of the wart undergo caseous degeneration in all probability, but the cause of irritation must be removed before carcinomatous degeneration sets in. The method of removal in such cases is simple, if we can get at the growth. Strike the tissues high up where the vessels are small, split the capsule and hull it out. The hemorrhage, as a rule, is easily overcome.

Dr. Johnston stated that Mr. Tait was one of the first to bring on artificial menopause to cure fibroids. But he laid down the rule that when the tumor mounts above the umbilicus, it is useless to remove the appendages. His reason for believing the possibility of mischief being done by electrolysis, as found by experience in encountering cases of peritonitis, pyosalpinx and other violent diseases following its use. The cases seen by the speaker have been little benefited by it. Electrolysis simply controls the hemorrhage, which can be accomplished by the curette, persulphate of iron, etc. In some cases electrolysis will produce sloughing, and after septi-

cæmia of long standing the patient will recover. No one has even been bold enough to attack a soft tumor with this means. Why Keith has turned this way the speaker did not know. He is probably mistaken. It is only a vaguary, which time will show to be the only blot on his otherwise fair record.

DR. REAMY in conclusion remarked that he did not believe that electricity was ready to be laid upon the shelf. And he must say, in reply to the strictures of his friend, Dr. Johnston, that he did not believe that Keith, by the advocacy of electricity in the treatment of fibroid tumors, would in the slightest degree blot his fair name. On the contrary, what Keith says on the subject will command universal attention. A man himself, a master in surgery, whose results in hysterectomy for fibroids have been surpassed by no one, a man who taught Tait how to treat the uterine appendages in this operation, in consequence of which Tait's mortality was greatly lessened;—a man whose honesty and veracity is unhesitatingly accepted throughout the world without question;—who is still in possession of his full mental powers, who writes so clearly and plainly that his statements can be comprehended by a child, at the same time so learnedly and scientifically, as to meet the highest standard—of such a man it cannot be predicted that his reputation will suffer because he advocates, in suitable cases, measures more conservative, and commends Apostoli's work. The speaker would go further and state that he himself treated by electricity a number of cases in which absolute disappearance of the tumor resulted.

Cholecystotomy.

DR. E. RICKETTS presented specimens of gall-stones. The patient under the care of Drs. Halderman and Champion, of Portsmouth, and Sciotoville, O., from whom they had been removed, had suffered at intervals with hepatic colic for two or three years. The speaker had been summoned to the case Feb. 2nd, and found her jaundiced. The temperature on the day before had been 105.4°, and the day before that 105°. Stools

of the characteristic color. Cholecystotomy made. Opening the gall-bladder, twenty-eight stones were removed. After sponging the parts thoroughly, he closed the wound stitching the edge of the gall-bladder to the angle of the wound. Since then the temperature has never mounted above 100°. Jaundice has disappeared, and there is a free discharge of bile through the alimentary canal.

LASSAR'S TREATMENT OF THE SCALP.

The first to arouse physicians from lethargy in the treatment of alopecia was Lassar, the well-known and able docent for diseases of the skin at the University of Berlin, (*Der Fortschritt.*) In an article on the diseases of the hair he puts forth his method which he had tried in more than 1,000 cases of alopecia pilyrodes and areata, and gives the following directions:

First.—The scalp must be well lathered with a very strong tar soap for ten minutes.

Second.—The lather is removed first with lukewarm followed with colder water in abundance, after which the scalp is thoroughly dried.

Third.—The scalp is then rubbed with the following solution:

R—Sol. hydrarg. bichlor. corr. 0.5:150.0
Glycerin
Spirit. or cologn. aa. . . . 50.00
M—Sig. Ext.

Fourth.—The scalp is rubbed dry with solution of

R—Beta naphtholi. . . . 0.5
Absol. alcohol 100.00
Mix.

Fifth.—After this the scalp is thoroughly anointed with a liberal application of the following preparation:

R—Acidi salicylici 2.00
Tr. benzoin 3.00
Ol. ped. taur. q. s. ad . . . 100.00
Mix.

This procedure must be kept up for six to eight weeks, and be repeated every day.

But few cases resist the treatment, and often after a few applications the downy sprouts may be seen.—*Buffalo Medical and Surgical Journal.*

Selections.

TREATMENT OF ACUTE GONORRHOEA BY INJECTIONS.

In this paper, Dr. L. Friedheim (*Archiv für Derm. und Syph.*, No. 4, 1889) gives a detailed account of very numerous experiments on the treatment of acute gonorrhœa, carried out in the clinic of Professor Neisser, at Breslau. The author begins by remarking that, for the acute stage of gonorrhœa those means are most suitable which (1) kill the gonococci, (2) do not injure the mucous membrane, and (3) do not increase the inflammatory symptoms; while in the subacute stage, in which, in spite of subsidence of the inflammation, gonococci often persist in the epithelium, one is compelled to promote their elimination by increasing transudation and purulent exudation. The anti-parasitic power of the injection to be used is the most important consideration, and a large variety of drugs were tried to determine which was effective in (a) killing the gonococci, (b) influencing the inflammation, and (c) promoting desquamation of the epithelium. Among the substances experimented with, in solutions of varying strength, were the formamide, the salicylate, and the perchloride of mercury, zinc, lead, tannin, bismuth, permanganate of potash, pyrogallac acid, iodoform, creasote, boric acid, antipyrin, rosorcin, creolin, thallin, and, besides many others, nitrate of silver. Of all the injections which were used those containing nitrate of silver were found to be the best, and the author therefore recommends that the treatment of acute gonorrhœa should be begun with injections of nitrate of silver, varying in strength from 1 in 4,000 to 1 in 2,000, from four to six times a day. The first day the discharge generally becomes thicker, more copious, and more purulent, but after about four days it diminishes, becomes thinner, and contains more epithelium. The gonococci also diminish in a remarkable manner, and after a few days may disappear altogether. The number of injections of nitrate of silver may

now be reduced to two, and afterward to one a day; other injections, of zinc or boric acid, for example, being now used also. But the nitrate of silver is to be used once a day for many weeks. In the case of very sensitive patients, the number and strength of the injections may be lessened, a solution even of 1 to 5000 having some anti-parasitic power; but if the nitrate of silver cannot be borne at all, then other substances, such as salicylate of mercury or thallin, may be used. In the very rare cases in which no injection can be tolerated internal remedies are to be given. Of these drugs experiments were made with copaiba, cubebs, turpentine, oil of gaultheria, sandal oil, kava kava, ichthyol, creolin, etc., but the only one that gave good results was copaiba. In fourteen out of forty thus treated the effect on the gonococci was marked, the smallest dose given being sixteen capsules (each containing about ten drops) in two days. In the other cases increase of the capsules up to twelve a day gave negative results; but in all cases in which copaiba was prescribed, the purulence of the discharge diminished. The effects of the other drugs mentioned above were, as regards the discharge, unimportant, and with regard to the gonococci, *nil*. In cases treated with nitrate of silver the injections, though this is contrary to what is mostly taught, are not to be left off if complications (especially epididymitis) arise, but as a matter of fact, this mode of treatment is found to be the best for preventing complications. Thus, in 1,200 cases of gonorrhœa treated at the Breslau Klinik, there were 164 of epididymitis, the cord being also affected in 27 of them. But in 142 of these the epididymitis was already present when the patient came under treatment, leaving only 22 in which it occurred during treatment. Fourteen of these were out-patients, and eight were in-patients. Of the latter, one was under treatment by copaiba, two were using injections of thallin, one was using chloroborate of soda, and four zinc, lead or tannin. Of the out-patients, one was using resorcin, one naphthol, one nitrate of silver, and eleven were injecting solutions of zinc,

lead, or tanin. In the only case in which epididymitis came on during the use of nitrate of silver injections, there had been some carelessness on the part of the patient. Nearly all the other cases, it will be seen, occurred during the use of injections of insufficient anti-parasitic powers. Besides epididymitis, particulars in regard to some other complications of gonorrhœa are also given. The total number of cases treated with nitrate of silver was 318, and in 237 of these the anti-bacterial action of the solution was proved by the microscope, without which instrument, indeed, the author considers the rational carrying out of treatment to be impossible. The paper also contains a report of the cases arranged in tabular form.

—*London Med. Recorder.*

THE ROLE OF URIC ACID.

At the last two meetings of the Royal Medico-Chirurgical Society the subject of the formation and pathological significance of uric acid in one form or another has come very prominently to the front. The exhibition of Sir Henry Thompson's magnificent collection of calculi, one of the tangible results of a long and successful career, naturally brought up the question of the pathological conditions which underlie the formation of uric acid calculi, and the extent to which it can be held in check or prevented by dietetic precautions or medicinal measures. The paper read by Sir William Roberts at the last meeting of the society on the history of uric acid in the urine with reference to the formation of uric acid concretions and calculi was the natural complement, coming from a physician, to the surgical aspect so well illustrated by the trophies of Henry Thompson. The first impression created by the paper is one's surprise at the little that is known in respect of this very interesting and important problem. As the author pointed out, the presence of uric acid in the urine of animals with liquid urine is an anomaly, since as a vehicle for the elimination of nitrogen its place is taken by urea. Curiously enough—and this is the case with many

other apparent anomalies elsewhere in the body—uric acid, though physiologically insignificant, is, from a pathological point of view, the most prominent component of the urine. Hence the mechanism of its formation and the causes of its deposition are peculiarly important. The first important fact which the author's researches have elucidated is that the formation of uric acid concretions and calculi is really to a large extent independent of the absolute amount of uric acid present in the urine. A person may be excreting a relatively large amount of the acid, and never be troubled by anything in the nature of a gravel, while, on the other hand, with an abnormally small proportion of the acid in the urine, his life may be made a misery by the constant formation of irritating concretions. In other words, it is the deposition of the uric acid, and not its excretion, that determines its pathological significance. It was the conception of this fact that led Sir William Roberts to undertake a series of researches with the object of ascertaining the conditions that led to the too ready precipitation of the acid in certain cases independently of its presence in excess. The explanation of this phenomenon is that, in normal urine, uric acid is found in the form of *quadrates*, a super-acid combination first discovered by Bence Jones. These quadrates have the remarkable property of being soluble in normal urine, but of being decomposed and setting free the acid in the presence of water. This takes place in urine under ordinary circumstances in the course of three or four days, but the rapidity with which the whole of the uric acid is set free varies greatly in different specimens of urine, whether from different persons or from the same person at different periods of the day. The fact that the quadrate resists the influences at work for so long a period led the author to infer that the urine must contain ingredients which inhibit or greatly retard the action of the water in the urine upon the quadrates. The most important factor in this respect has been shown by him to be the saline constituents, and secondly, of the pig-

ments in the urine. These results explain with a clearness that has not before been approached, the prevalence of acid calculous formations among peoples in countries and districts and among classes of our own population in which, for any reason, the diet is unduly poor in saline. In certain districts in India, for instance, where salt as an article of diet is more or less of a luxury, acid calculi are extremely frequent, and among the children of the working classes in this country the use of food stuff poor in mineral constituents may account for the preponderance of calculus among them as compared with the children of parents higher up in the social scale. So far as India is concerned, the lack of salt as a condiment is enhanced by the marked poverty of rice in mineral constituents. It is not denied that the nitrogenous quality of the diet does influence the production of uric acid, but, as we have already pointed out, this is of secondary importance, because meat contains a large proportion of salts, the effect of which is to tend to keep the acid in solution. The well-known immunity of sailors from calculous effections, notwithstanding a dietary rich in nitrogenous matter, is presumably due to the large proportion of saline materials contained in the salted meat at their disposal. There is a popular idea that the ingestion of sugar is associated with a hyper-production of uric acid, but neither clinical observation nor experiment at all confirms this view. That the nitrogenous constituents of the dietary are not alone, or even principally concerned in the formation of the acid is evidenced by the fact that the proportion of the acid in the urine of carnivorous animals is a thousand times less than that in the urine of certain small birds and insects which feed exclusively on articles drawn from the vegetable kingdom. The practical outcome of these researches, which we have merely outlined, is, as stated by Sir Alfred Garrod, that the great object in the preventive and curative treatment is to correct the conditions which bring about the changes in the urates which lead to the deposition of the insoluble acid. This

fact may prove the *point de depart* of an improved method of dealing with a very obstinate and painful pathological condition, and it almost justifies the hope that at some time in the near future the physician may be enabled to forestall the surgeon, and by rendering the formation of this class of concretion a rare event, to dispense with the skill and ability in this particular department with which the name of Sir Henry Thompson has for so many years been honorably associated.

—*Med. Press and Circular.*

STRUCTURE AND CONTRACTION OF STRIPED MUSCLE.

At a special meeting of the Royal Society of Edinburgh, held on February 28, Professor Rutherford, F.R.S., gave an account of his investigation of the structure of striped muscular fibre, and of the phenomena of its contraction, so far as determinable by the microscope. He has devoted his attention more especially to the striped muscle of the crab and lobster because of the comparatively large size of the structural elements in these animals and the readiness with which the sarcous matter can be fixed and otherwise prepared in different conditions. He is entirely opposed to the opinions expressed by Melland and, more recently, by Gehuchten, regarding the structure of the sarcous matter, and maintains, as he did at the International Medical Congress in 1888, that the sarcous matter essentially consists of contractile fibrils with an interstitial substance between them—an opinion previously expressed by Kölliker and others, and recently supported by Rollett. Fibrils are the contractile elements in non-striped muscle. Fluid is contained in the interstices of the invisible micellar network of their seemingly homogeneous protoplasm. The shortening of the fibrils doubtless implies a change in the relative positions of the micellæ in the networks, but there is no evidence of any shifting of fluid from one part of the fibril to another. The fibrils of striped muscle are segmented, and one of the events of contraction is the shifting of fluid from

one segment to another. Each fibril consists of segments arranged in linear series in a regular alternate order. Bowman's element is the longest segment, and appears to be the only one that is really contractile. Its dimness is due to a substance resembling myelin contained in a contractile tissue. There is a node in the equator of Bowman's element, the position of which is sometimes marked by a dim line, described by Hensen, but Rutherford finds no evidence of any transverse membrane there. Between the ends of Bowman's elements there is always an intermediate segment about half the length of Bowman's element. It is a tissue containing a watery fluid, and there is a globule of myeloid substance definitely located in the equator of the segment, and marking the position of a node; Rutherford finds no evidence of a transverse membrane there, such as Krause and others have described. Myeloid substance is also sometimes found throughout the shaft of the intermediate substance, but always in smaller amount than in Bowman's element. The lateral coaptation of the central globules in neighboring intermediate segments produces the line to which attention was first particularly directed by Dr. Dobie, of Chester. The intermediate segments do not appear to be contractile, and probably serve as elastic buffers between the ends of Bowman's element's when they approach each other during contraction. A third segment, termed by Rutherford the proper clear segment, is seen between Bowman's element and the intermediate segment, when the uncontracted fibril is stretched to its full physiological length. It is almost quite clear, and appears to consist of a thin envelope containing a watery fluid, and a granule of myeloid substance belonging to the granule line described by Flögel. The whole fibril has a thin envelope. The first event of contraction consists in a shortening of the interval between the ends of Bowman's elements, which in their approximation come close to the globule of Dobie's line. The shortening appears to result from an active absorption of fluid from the clear and

intermediate segments by Bowman's elements. In the second stage of the contraction the fibril seems "homogeneous" unless it is suitably stained and sufficiently magnified. In this so-called "homogeneous" stage, the ends of Bowman's elements are in close proximity to the globule of Dobie's line, which is now somewhat flattened; the myeloid substance has not yet begun to shift its place in Bowman's element. In the third stage of contraction, the myeloid substance moves away from the shaft on each side of the equatorial node in Bowman's element, accumulates in the ends, and the element shortens owing to a real contraction of its tissue. There is a "reversal of the stripes" in the contracted fibre, as Flögel first pointed out. The dim stripe of the contracted fibril consists of the approximated ends of two Bowman's elements with the myeloid globule of the intermediate segment between them, now much flattened owing to lateral extension. The light stripe of the contracted fibril consists of the shaft of Bowman's element that has become clear owing to shifting of the myeloid substance to the ends of the element. The myeloid substance appears to be completely moved to the ends of Bowman's elements only when their shafts contract and squeeze it out; but it begins to move out of the shafts before they contract. The fluid absorbed by the element doubtless passes into the interstices of the micellar network; the myeloid substance appears to be contained in a special set of spaces. The contraction of the micellar network does not express the absorbed fluid, which does not escape from Bowman's element until the contraction is over. The elasticity of the intermediate segment and of Bowman's element causes them to return to their normal length after contraction, but does not lead to the appearance of the proper clear segment, which is only seen when the fibrils are forcibly pulled out to their full physiological length. The phenomena of contraction are essentially due to vital changes in the interval between the equator of Bowman's element and the equator of the intermediate segment. In a previous

communication to the Scottish Microscopical Society Professor Rutherford gave an elaborate summary of the leading views expressed by others regarding the structure of striped muscle, and indicated the points at which his own views coincided with or diverged from those of other investigators.

—*British Med. Journal.*

HEART DISEASE OF THE AGED.

Every one knows how apt the aged are to die suddenly during the course of a mild bronchitis, or after a comparatively slight traumatism, even when they may seem to be progressing favorably toward recovery. Some old people, it is true, are most tenacious of life, and will recover from injuries that would ordinarily be fatal to much younger and seemingly stronger men; yet others, and perhaps the majority of those who have passed the scriptural limit of threescore years and ten, have but a very weak grasp upon existence in this world, and relinquish their hold upon it often without any apparently sufficient reason. This often comes from a weak heart, and it is quite common nowadays to hear of "heart-failure" given as the cause of death in aged persons.

In a paper read before the Paris Academy of Medicine on February 18, 1890, Dr. Renault, of Lyons, described a form of heart trouble which is very common in the aged; and which he regards as the most frequent cause of heart failure and of death in those of advanced life. This disease he calls chronic essential segmentary myocarditis, and its essence consists in a dissolving away or loosening of the cement which normally holds together the muscular segments of the myocardium. This is the only lesion in the pure cases of the disease; there is no fatty degeneration or infiltration of the heart, no cirrhosis of this organ, no accompanying catarrhal diseases of the mucous membranes, and no affections of the arteries, beyond the more or less marked atheroma, which may be looked upon as almost a normal condition of senility.

The symptoms of the affection are

very clear, and serve to distinguish it from all other cardiac diseases. The first and most constant sign is irregularity in both the cardiac and the radial pulsations. Of this arrhythmia there are two forms, one most clear and unmistakable, the other apt to be overlooked unless the observer be on the watch for it. In the latter the pulse may seem perfectly regular to the touch, and even auscultation may not reveal the want of rhythm in the heart's contractions, but sphygmographic tracings show plainly that this condition exists, and the pulsations are seen to be neither equipotential nor equidistant. In the former variety the pulsations are irregular to the last degree, and not only does one pulsation differ from the preceding or the following, but one series of pulsations will differ from another, so that various sphygmographic tracings taken on the same individual at different times bear no resemblance whatever to each other. A second sign is the impossibility of locating the apex beat. This is felt in the usual situation, but is diffuse, and it is impossible to put the finger on any one spot and say that there is the apex beat. A third symptom is that the area of cardiac dulness is rectangular in shape. The outer edge of this square extends from the fifth upward to the third intercostal space, keeping always within the line of the mamma; the inner edge extends along the border of the sternum from the sixth or seventh chondro-sternal articulation to the third interspace. Two transverse and parallel lines, connecting these vertical lines, form the upper and lower borders of the rectangle. Auscultation furnishes us with still another valuable sign in many cases. In addition to the evidence of an arrhythmic action of the heart which this gives, there is often heard a characteristic murmur. This is a systolic sound heard over the centre of the heart at an equal distance from both apex and base, and never propagated any distance to one side or the other. It is never accompanied by any musical sound, but is a soft and often scarcely perceptible blowing. Another peculiarity of this murmur is its instability, for it often disappears for months at a time, and then

comes back when a light bronchitis or other cause is present, to throw more work upon the weakened heart. Contrary to what obtains in organic affections of the heart which have progressed to the stage of weakness of the myocardium, as shown by the irregular pulse, there is no tumefaction or sensitiveness of the liver, nor is there any venous stasis or engorgement of the right side, or the heart. At the most there may be a very slight degree of œdema about the malleoli, and sometimes careful examination reveals a moderate amount of pulmonary œdema confined to the base of the lungs, usually to that of the left lung.

Death occurs in these cases either in sudden syncope or by asystolia. The author has never observed rupture of the heart in those suffering from segmentary myocarditis, and he attributes this to the fact that, although there is a weakening of the heart-wall, there is nevertheless no cirrhosis, no increase of the intermuscular connective tissue, which has been shown by Robin to be one of the essential conditions of this accident. As before stated, the affection is essentially a senile disease, but it is also seen in those prematurely aged by the abuse of alcohol, by gout, or by some other chronic affection.

In the treatment of this condition Dr. Renault relies mainly upon digitalis, general tonics, and stimulants. The subjects of this disease are especially vulnerable, and should be protected with the greatest care against all injurious influences, especially bronchitis, which is so apt to prove fatal to the weakened heart. Whenever bronchitis attacks one of these patients the author has recourse at once to digitalis and to ergot, the latter as a special arterial tonic. In addition, champagne is often of the greatest service.—*N. Y. Med. Record.*

MECHANISM OF THE EXPULSION OF SPUTUM—THE ART OF COUGHING.

The researches of M. Nicaise (*Le Concours Médical*) on the mechanism of the expulsion of sputum demonstrate how cough may be either beneficial or

detrimental, according to the use which the patient, advised by his physician, makes of the act of coughing, which is less voluntary than is generally believed.

Expectoration is divided into two periods. During the first, the period of "progression," the sputum travels slowly toward the upper extremity of the trachea, without the patient being conscious of it.

During the second period (that of "expulsion") the sputum, having arrived at the more sensitive portion of the trachea, near the larynx, acts as an irritant and excites a violent expiration, a spell of coughing, which carries the sputum through the larynx, and may even expel it outside of the body.

The phenomena do not always occur with this simplicity. The sputum may be very abundant, more adherent, the tracheal mucous membrane may be more irritable, bringing about a cough before the arrival of the sputum near the larynx. Still the mechanism of the expulsion of the sputum is essentially the same. There are always the period of progression and the period of expulsion. Progression may, however, be stimulated by several paroxysms of cough.

The sputum travels during quiet respiration when the bronchi are almost motionless. Change of caliber of the bronchi can not therefore be the agent which causes the sputum to advance. Ciliary vibration may be one factor, but to the current of air must be attributed the chief influence. During expiration the speed of the current of air is less than during inspiration, but during the latter period the tension is negative, while during the former period it is positive. This positive tension subjects the sputum to great pressure during expiration. To it therefore must be attributed the principal influence in the progression of the sputum during quiet respiration.

If the patient coughs while the expectoration is still in the bronchial ramifications, the speed and the tension of the expired air is increased and this causes the sputum to be expelled more quickly, in spite of the dilatation of the

bronchi which occurs during forcible expiration.

In a general way, we may say that in secretory affections of the lungs, cough is a necessary act, when it causes the expulsion of sputum; it is a useless act, however, when it does not have this effect. It can be partially controlled, and its frequency can be diminished by the will. By controlling himself, the patient can resist a slight excitation of the trachea, which will cause a movement of cough or sometimes, when no self-control is exercised, a violent paroxysm of cough, which will not result in any expectoration. Under these circumstances, the cough is useless and even harmful, as it only irritates the lungs.

A patient must not yield to the desire of detaching sputum which is probably as yet too far down. On the contrary, he must resist any internal irritation which he may experience. When the sputum has arrived near the larynx, a paroxysm of useful cough will naturally come on, and the sputum will be thrown off.

The above is a general rule, for no doubt cough is useful in clearing out the lungs. But it is necessary to try to diminish its frequency, and to resist violent paroxysms.

Though not always, one will frequently obtain the desired result.

—*Weekly Med. Review.*

PHENACETINE IN WHOOPING-COUGH AND BRONCHITIS.

If there is any remedy which will control a disease in a few days, which, if left to run its natural course, would last an average of ten weeks, it may be safely said that in one disease at least science has accomplished something. Who has not felt, as he has seen the victim of whooping-cough struggling in its convulsive paroxysms, with its face purple, its eyes bloodshot, and its hands wildly thrown about in agony, the poverty of his art and his science for any relief it could bring to his patient. Scores of remedies have been introduced as specifics, and yet none have been more than partially successful.

Possibly the new remedy, phenacetine, may share the fate of its predecessors, and yet we have seen such wonderful results from it in the catarrhal and spasmodic stages of whooping-cough, in the teasing and spasmodic coughs of bronchitis and laryngitis, we are led to hope that in this class of troubles it will yet rival quinine in its own specific field.

In a typical case of whooping-cough in a child eight months old, which had passed through its catarrhal stage and was well on in the second or convulsive stage, the paroxysms coming on every hour of a very violent character, the action of the drug was almost magical. Under the influence of grain and a half doses every three hours, the paroxysms in three or four days were reduced to half a dozen light ones during the twenty-four hours, and in a week had entirely disappeared. Another case was when the attack had not fairly entered the second stage, and yet the exposure of the child and the peculiarity of the symptoms left no doubt as to the character of the disease. In three days the cough had very nearly disappeared under the influence of two-grain doses of the drug every four hours, and in a week's time he was able to return to school. In the school-mate from whom the disease was contracted, the disease was two months in running its course. In both of these cases the vomiting speedily ceased and the appetite returned. Many other cases occur to us as we write, but the ones quoted above were typical, and will suffice to illustrate the prompt action of the remedy. A lady of middle age was attacked with a sharp pharyngitis, the inflammation, as it was relieved in the pharynx, extending down and involving the larynx and upper bronchial tubes. The expectoration was bloody and purulent, and the cough frequent and painful. In addition to the usual medication five-grain doses of phenacetine was given at first every three hours, and as the cough subsided, every four or six hours. The effect was immediate; with the first dose the whole nervous system was quieted, the cough became less frequent, the temperature diminished, and in a few hours the pa-

tient fell into a quiet sleep, The improvement was rapid. There is no doubt the drug produces a very marked effect in relieving the irritability of the nervous system, and acting specially upon the vaso-motor nerves, controls to a certain extent the circulation without any dangerously depressing action upon the heart. As an intercurrent remedy we have reason to believe that in many cases it will supersede opium and its alkaloids and the class of hypnotics of which chloral is the type, because it not only does not prevent, but aids by its quieting power, the specific action of other drugs. We have been particularly pleased with the action of phenacetine in the epidemic of grippe through which we have just passed. In connection with other indicated remedies it has been in our hands of very great service.—*N. Y. Med. Times.*

GONORRHŒA IN THE FEMALE.

Professor Sanger read a paper of great value on this important subject before the Leipzig Medical Society in February. He admitted that, contrary to all teaching prior to a few years since, the prognosis of gonorrhœa is graver amongst women than when it attacks men. The dangers begin when the specific infection has reached the endometrium and the Fallopian tubes. On the other hand, fatal pyæmia from gonorrhœal inflammation of Cowper's glands is rare, nor is pyelitis or suppurative nephritis frequent under the same circumstances. But Sanger finds that the proportion of women who die prematurely from disease of the appendages and adjacent peritoneum through gonorrhœal infection is not small. Still more considerable is the number of women who become chronic invalids, or who are henceforward barren, through the same complications. Gonorrhœal urethritis, vulvitis, and inflammation of Cowper's glands are easily cured, and often disappear spontaneously. Special vaginal catarrh is, on the other hand, according to Sanger, more obstinate to cure even than is generally supposed. It certainly lasts for several years in many cases, and

Sanger has known it to last till old age. Gonorrhœal endometritis may be represented by a scanty, clear, mucous discharge. Yet both gonorrhœal endometritis and vaginitis are perfectly curable. The same remark applies to specific inflammation of the appendages, but these complications, even after cure, leave anatomical changes of a noxious character long after the last gonococcus has disappeared. Absolute physiological rest of the parts, and, more surely, the menopause, offer the best chances of perfect cure. To assert, as Noeggerath did formerly, that gonorrhœa is all but incurable is as fallacious as to defend the old theory that the disease is relatively trifling when it attacks female subjects.—*British Med. Journal.*

QUININE AND ANTIPYRINE.

According to the *Nouveaux Remèdes*, a mixture of antipyrine and hydrochlorate of quinine notably increases the solubility of the latter. Thus one gramme of hydrochlorate of quinine mixed with 40 to 50 centigrammes of antipyrine will dissolve in two grammes of water at 25° C., while one gramme of the hydrochlorate without the antipyrine will only dissolve in that quantity of water at a temperature of 56° C. The pure quinine crystallizes out on cooling, whereas the solution with antipyrine remains clear for an indefinite period. The solubility of valerate of quinine is increased in the same way by the addition of antipyrine. This fact promises to be useful in that it facilitates the preparation of solutions of quinine without acid, a point of some importance as regards the administration of quinine by hypodermic injection.

—*Medical Press and Circular.*

MORVAN'S DISEASE.

Dr. Morvan, who is a physician practicing at Lanilis, in Brittany, described in the *Gazette Hebdomadaire* for 1883 what he called "Analgesic Paralysis, with Whitlows on the Superior Extremities." When his first patient, a man, came before him, before

opening the abscess he told him not to flinch, and to his great surprise he found that the man did not move in the slightest; because he had not felt the knife. Morvan and others have published several other cases in French journals, and Jürgensen has described one in the *Berl. klin. Woch.*, 1889. Charcot has collected all these references in an article in *Le Progrès Médical*, March 15, 1890. It appears that the chief features of the disease are, first, pain in the fingers, and then paralysis with wasting of the muscles, first of the hand and subsequently of the forearm; the pain passes away, and is succeeded by anæsthesia and analgesia, then indolent abscesses appear scattered about on the hand and forearm. The last stage is necrosis and sloughing of the bones and soft parts, especially of the hand. The temperature of the affected parts is low. The disease begins sometimes in one hand, sometimes in the other, but it always soon becomes symmetrical in the hands and forearms. It is extremely slow in its progress. Some of the patients have remained under observation for twenty years. No means of arresting its progress is known. It has to be distinguished from Reynaud's disease, from that form of scleroderma which affects the hands symmetrically, and from leprosy, but the diagnosis from all these is easy. Morvan's disease, however, much resembles the condition produced by some forms of syringomyelia, and the resemblance is the more close because cavities in the spinal cord are much more frequent in the cervical region than elsewhere. In syringomyelia the muscular atrophy is more marked and more extensive than in Morvan's disease. The disturbances of sensibility are more widely distributed in the former, but all are not equally lost, for the patient may feel pain but cannot distinguish between hot and cold objects; and, lastly, in syringomyelia any trophic disturbance may occur; the presence of abscesses is accidental, but it is characteristic of Morvan's disease.

—*British Med. Journal.*

INFANTILE SPINAL PARALYSIS IN RELATION TO THE MOTOR CENTERS OF THE HEMI-SPHERES.

Dr. Colella has published a most careful study on this question. This paper is illustrated with some beautiful lithographs. The author has carefully studied the literature of the subject, and his *résumés* of what has been done by previous inquirers fill many of his seventy-six pages. At the same time, even granting that this was advisable or necessary, his article seems too long. The case which he himself has observed was a man of fifty-nine years of age, who had suffered from epilepsy from infancy, with paralysis of the right leg, the knee stiff and deformed. He had the violent character common to epileptics which had brought him into the grasp of the law, and he had passed seventeen years in the galleys for different homicides (*per diversi homicidii*). Coming into the asylum of Naples in 1881, he died of gangrene of the lungs in 1887. The physicians of the asylum had thus plenty of time to make very careful observations and measurements, which are given in much detail. The clinical diagnosis is thus summed up: Epilepsy and post-epileptic dementia, spinal paralysis and infantile atrophy, talipes and varo-equinus with arrest of development, deformity and paralytic contraction of the right leg. In the atrophied limb there was abolition of voluntary movement, disappearance of the deep and superficial reflexes, electrical reaction of the muscles of the leg and feet, but the reaction of regeneration in those of the thigh, and atheromatous degeneration of the aorta. The pathological examination was most carefully made. There was hypertrophy of the left ventricle of the heart, and fatty and calcareous degeneration of the aorta. There were also the usual lesions accompanying gangrene of the lungs, enlargement of the liver and of the spleen, and hyperæmia of the kidneys, with fatty degeneration of the cortical substance.

The brain was found to be well developed and symmetrical. It weighed

1,270 grammes. The right hemisphere was slightly heavier than the left one. The color and consistency of the nerve tissues and vessels appeared to be normal with one exception. There was a deficiency or depression affecting the median convolutions answering to the motor cortical zone of the lower extremities on both sides. The locality is very carefully defined in the text, and indicated, on the plates. The brain and cord were hardened in Müller's fluid for microscopical examination. The parts answering to the motor zone for the leg were found to be atrophied. The atrophy was greater on the left hemisphere than on the right. There was also degenerative atrophy of the muscles of the motor nerves and of the anterior spinal roots of the nervous plexuses of the right leg.

Colella considers that the primary lesion was the degeneration of the lumbar region of the spinal cord. This, on microscopical examination, was found to be due to atrophy of the lateral pyramids of the cord on the right side, and bilateral atrophy of the marginal zone of the lateral columns in the lumbar portion of the cord. The lesion of the spinal cord was succeeded by wasting of the motor centers of the leg. That this wasting took place on both sides of the brain when only the right leg was affected, he considers to be owing to the movements of the lower extremities being more associated than those of the upper extremities. The motions of the arms are more specialized, and hence they are more completely represented by the opposite side of the brain, while the associated movements of the leg are excited from centers common to each hemisphere. Dr. Colella observes that the motor zone in the cortex does not represent a motor center geometrically circumscribed, but a center of greater functional activity, from which it derives the greater of its motor innervation.

Dr. Colella gives a *résumé* of published cases in which loss or congenital absence of limbs were found, after death, to be accompanied by a deficiency in some corresponding portion of the brain. These instances, though col-

lected from a wide survey of medical literature, are, nevertheless, scanty; and it ought to be borne in mind that a good many negative instances have been noticed, and a few of them have been published — that is to say, instances in which limbs have been wanting from infancy with no marked deficiency of those portions of the brain regarded as corresponding motor centers.

Dr. Colella thinks himself warranted in presenting the following conclusions: (*a*) The complete atrophy of the terminal peripheral organ supervening in the early years of life brings with it the arrest of development of the corresponding centers of the cortex, and the ascending atrophy of the bundle of gomers in the spinal cord. (*b*) The aplasia of the motor centers of the cortex and the production of simple secondary atrophy descends from the efferent fibres, which connect the central organ (the brain) with the atrophied peripheral organ (the spinal cord), and also of these nerve fibers originating from one center and bilaterally distributed. This atrophy occurs on either or both sides in the proportion of the functional activity of the hemispheres called into action.

London Med. Recorder.

SURGICAL TREATMENT OF TUBERCULAR PERITONITIS.

Professor Czerny, of Heidelberg, has recently published his views on the results and prospects of surgical intervention in cases of tuberculosis of the peritoneum, and of viscera enclosed within this membrane. It is pointed out, in the first place, that although the collected records of the results of surgical operations in cases of tubercular peritonitis seem to show that this affection is very amenable to such treatment, it should be remembered that tubercular inflammation of a serous membrane usually indicates that the tuberculosis has reached an advanced stage, and has become diffused. Tubercular peritonitis is regarded as being, in the majority of instances, a secondary affection, set up as a result of incision from the side

of the pleura, or from the intestinal canal, the mesenteric glands, or the urogenital organs. Czerny grants that surgical treatment of tubercular lesions may, under certain conditions, bring about an improvement of the nutritive processes of the patient, and thus help him to eliminate the infected virus, and, in cases of restricted localization, lead to a definite cure. In cases, however, in which there are many infecting foci, the struggle of the organism against the disease, especially at an advanced period of life, is attended with much difficulty, and is too often a very hopeless process. Czerny suggests that, in cases of tuberculous of the genital organs, the intestinal tract or the mesenteric glands, the surgeon should endeavor to remove by operation the local affection before it has had time to set up peritonitis. The surgical treatment, however, of intestinal and mesenteric tuberculosis has not hitherto had any brilliant results, as the diagnosis of such lesions is generally very difficult. The determination of the tubercular nature of an attack of peritonitis, will in many instances, be much helped by the previous history of the patient, by his family history, and by the processes in other regions of the body of former tubercular lesions, or of recent lesions of the same origin. It is held that the prospects of surgical treatment in cases of tubercular peritonitis will depend on a distinction being made between the variety of this affection, which is characterized by the presence of fluid exudation and miliary tubercles, and that in which it presents itself in the form of dry and adhesive peritonitis, in which large and tumor-like nodules of tubercular material are to be met with. It is in the former class of cases that the surgeon has usually intervened, and the removal of the effused fluid has certainly been followed by some good results. Cases of the second class, in which the prospects of affording relief are much less favorable, have seldom been treated by surgical means. Czerny seems disposed to think that the dry form of tubercular peritonitis is an advanced stage of the ascitic form, and that it is developed after the absorption of the fluid effusion. Clinical experi-

ence has proved that incision of the anterior abdominal wall, and removal of the fluid in the first mentioned form of tubercular peritonitis ought, as a rule, to be preferred to any medicinal or expectant method of treatment. Czerny is of opinion, however, that the ultimate results of such treatment is not—so far as can be made out by a study of collected cases—very encouraging. Although the operation itself may be free from such immediate risk, still surgical interferences may favor, indirectly, the further advance of the tuberculosis. Most of the recorded cases, it is held, have been published too prematurely, and it is thought that if the subsequent progress of patients submitted to such treatment had been followed up after discharge from hospital, the results of surgical intervention in cases of abdominal and peritoneal tuberculosis would cease to be regarded as satisfactory. Czerny is supported in this opinion by Späth and Schede, who have also warned surgeons against a too sanguine expectation of good results from operative treatment applied to subjects suffering from tubercular peritonitis. This article contains the record of sixteen interesting cases in which operations were performed by the author on the abdomen and some of its contents for the removal of tubercular lesions.

—*London Med. Recorder.*

THE DIFFERENTIAL DIAGNOSIS OF TUBERCULAR MENINGITIS AND TYPHOID FEVER.

Tubercular meningitis and typhoid fever are often very difficult to differentiate, in spite of the statements in the books that a little observation will clear up the doubts about a given case. A lecturer on clinical medicine in a Detroit Medical School recently took for his text a case where he had made the diagnosis of tubercular meningitis, and the subsequent autopsy had shown that death resulted from typhoid fever, with no deposit of tubercles in the cerebral meninges. A more interesting lecture for a class in clinical medicine could hardly be imagined, and the candor of the lecturer in giving the greatest pub-

licity to his error in diagnosis is much to be commended. A synopsis of the symptoms shows how difficult if not impossible was the diagnosis. The pain in the head which caused much complaint from the patient might have accompanied either disease; so might the temperature, the furred tongue and the slight *tâche cérébrale*. The diagnosis rested upon the absence of rose spots, of tympanitic distension of the abdomen, of enlargement of the spleen, of diarrhœa and typhoid stupor. On the other hand there was lacking what we believe to be the most important single symptom of meningitis, a pulse slow in proportion to the temperature. The pulse in this case was 120 with a temperature of 103°. Moreover it was to be noted that although the bowels were constipated at first, after the exhibition of a cathartic they continued to be loose for several days. While no blame can attach to such an error of diagnosis, it is to be remembered that when the doubt lies between a curable and an incurable disease the interests of the patient demand that the curable disease should have the benefit of the doubt, particularly in a case like this where the treatment of the two affections is different in important respects, and where the curable disease is one which has as low a mortality as typhoid in children.—*Northwestern Lancet*.

PERIHEPATIC FROTTEMENTS IN ABSCESS OF THE LIVER.

M. Bertrand, Brest (*Bulletin de l'Académie de Médecine*), says: The perihepatic frottement is perceived by the ear and by the finger in the right hypochondrium, on a level with the anterior axillary line, principally near the seventh intercostal space. It may be that the pleura sometimes participates in the genesis of this bruit, but it is especially noticed on a level with the peritoneum. The circumscribed inflammation and adherence of the peritoneum is the principal reason of this frottement. This sound may confirm a hesitating diagnosis; it precedes by several days œdema of the parts. Its maximum corresponds to the maximum of pain; it is

here that the puncture should be made.
—*Times and Register*.

ALUM CARMINE—ITS USE AND VALUE IN MICROSCOPY.

M. E. Lacroix, interne of the hospitals of Lyons, communicates to the *Lyon Médical*, of March 2, an article on the use of alum carmine in microscopical researches, more especially in pathological histology, which we abstract and translate as follows: After a brief review of the advantages and disadvantages of other stains, especially of picro-carmine, Mr. Lacroix says: Alum carmine manifests its elective properties upon nearly all the tissues, without regard to the modes of fixation or the agent employed. Alcohol, chromic or osmic acid, the bichromates, etc., may be used as hardening agents without detriment to the final results, when this carmine is used as the staining agent. The colorations are reliable and enduring, we might say inalterable. Preparations made five years ago show not the slightest trace of precipitation or diffusion of the stain, and are as instructive as they were when freshly made. (We have mounts prepared with alum carmine sixteen or seventeen years old of which the same can be said.—F. L. J.) While its action on the nuclei is very rapid, there is no danger of over-staining, as sections may be left in the stain for twenty-four hours, or longer, without detriment, and sections thus treated are not sensibly different from those which were left only an hour or so in contact with the stain. While alum carmine is essentially the nucleus stain, cellular protoplasm does not remain indifferent to its action by any means, but assumes a delicate grayish-violet tint. Connective tissue takes on a pale violet, and the fundamental substance of cartilage and bone does the same; striated muscular fibre becomes a clear violet-gray, the tinting of the voluntary muscles being much more pronounced than that of the involuntary. Elastic tissue and the red blood corpuscle alone remain, apparently, entirely insensible to the action of the agent. As, however, the general stain-

ing properties of alum carmine are, when contrasted with the intensity of its action on the nucleus, comparatively feeble, the author has succeeded in supplementing it with eosin by the following technique:

1. The sections, freed from embedding material and the free hardening agents, are placed in a liberal amount of the carmine solution and there left *ad libitum*, or according to the exigencies of the case, from a half hour to twenty-four hours.

Caution.—Avoid placing the vessel containing the stain in the neighborhood of alcohol, as even the fumes of this substance cause a precipitation of carmine.

2. Remove from the stain and wash most carefully for at least fifteen minutes in order to leave absolutely no free alum-carmine to be precipitated in contact with alcohol.

3. Dehydrate by placing the sections in several cubic centimeters of absolute alcohol to which has been added a few drops of a saturated alcoholic solution of eosin. The intensity of coloration will be in proportion to the amount of eosin added and to the length of time the sections are left in contact with the same.

4. Clear with oil of cloves after placing on a glass slip, and finish by mounting in balsam or dammar.

Delicate tissues are frequently rendered almost invisible by the action of oil of cloves and balsam. M. Lacroix obviates this difficulty by either of two expedients, first suggested to him by Professor Renaut, viz., either by placing the sections, immediately after the staining in alum-carmine, for a few moments in a 1-per-cent. aqueous solution of osmic acid; or, immersing them in essential oil of bergamot immediately after clearing with the oil of cloves and before mounting in balsam.

Beautiful work may be done with the aqueous (instead of the alcoholic) solution of eosin by a slight modification of the technique, viz.: After washing in water, place the sections in an excessively dilute aqueous solution of eosin, and dehydrate by absolute alcohol alone.

Alum carmine, it will be well enough to state, is prepared by boiling for twenty minutes 1 part of carmine in 100 parts of water in which from 2 to 5 parts of alum (either potassium or ammonia alum) have been dissolved. Filter, and add either a little carbolic acid or gum camphor, to preserve.—*National Druggist*.

SHAPE OF THE NOSE IN TRUE OZÆNA, OR ATROPHIC RHINITIS.

Most authors who have written on true ozæna have noticed that the nose in the subjects of this malady is very often flat, and of the so-called saddle-back shape (*ensellé*). Some authors have attributed to this form of nose a predisposing influence in the production of the disease, and its origin has been set down to scrofula, or to a mere caprice of nature. Dr. Potiquet believes that the form of nose is really the result of the slowly progressing pathological process of atrophic rhinitis which precedes, prepares the way for, and accompanies ozæna. Dr. Potiquet endeavors to establish in the course of his paper the following propositions: 1. It is not true, as has been pretended, that the flattened form of nose predisposes to true ozæna. 2. The flat, saddle-back nose, which has been noticed as a frequent accompaniment of the true ozæna, is mostly due to the atrophic rhinitis which precedes and accompanies the ozæna. 3. The nose in ozæna takes or rather preserves the flat form, in those cases more especially in which atrophic rhinitis has set in during infancy. 4. The adult sufferer from ozæna has, as a rule, not got that shape of nose, which he should have had, according to the laws of heredity. 5. The sufferer from ozæna very often does not possess the form of nose which his cranial conformation entitles him to.

—*London Med. Recorder*.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.


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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

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Cincinnati, April 19, 1890.

The Week.

JUSTICE.

One of our earliest memories is of seeing on the dome of the tower that surmounted the old court-house in an adjoining county a figure of the Goddess of Justice, with blindfolded eyes and holding in her outstretched hand a pair of scales that were evenly balanced. Very often have we thought of that majestic figure and the symbolic emblems there personated and represented. Always our thoughts, when turned in that direction, became inspired with awe and a profound respect for the majesty of the law, and how the august Judge who sat on the typical bench in the room below must be a man with a mind of divine mould, dispensing equal and exact justice to all disputants, while he protected the innocent and decreed the just as well as merciful punishment of the guilty criminal.

Another scene, and that of our own County Court-house in flames, with a surging, angry mob filling all the avenues and streets in that vicinity, threatening and endeavoring to batter

down the walls of the contiguous jail, wherein were incarcerated nearly a score and a half of red-handed murderers, one of whom had just been tried and not found guilty as adduced by the testimony, his case being a counterpart of many others that had been tried before and with the result of a similar verdict. The fair but majestic Goddess with her emblematic symbols had been tampered with. The folds that covered her auricles and eyes had been twisted out of shape, and the scales were no longer evenly balanced. Her virtue had been soiled, and she was no longer white with innocence.

The mob cried for vengeance, not only on the dastardly villain that had slain his neighbor, but for the blood of those who would make of the once comely, majestic Goddess a voluptuous prostitute, tipping her scales at the wink and bidding of the officers of the people's tribunal.

Fire is the great sanitary agent that purifies the most corrupt sinks of iniquity, that makes sweet the foul smells that are so rank as to pollute the moral sense of a great people. The Court-house became a furnace—a seething, lurid crematory—devouring, as it were, the record of the iniquitous acts of those who had dishevelled the fair Goddess. Judges were retired; officers of the law fled from the vengeance of their fellows. Other Judges were elected, and other officials came in power for the protection and service of the people. Some wholesome hangings took place. The criminal dockets that had for years been glutted were speedily cleared. The wrath of the people was appeased.

A somnolent feeling is again manifest. Last July one of the most dastardly crimes that was ever committed took place in this city, in which Dr.

A. E. Jones, Surgeon-General of the State of Ohio, was foully murdered, and his body cast into a street sewer. The murderer was tried and found guilty of murder in the first degree. For his trial defense the Court appointed a prominent and very skilful young attorney to defend him.

This gentleman, in the ardor of his cause, has gone far beyond the ordinary practice of his calling to secure a commutation of the just punishment of his client, taking his case through all possible tribunals. The atrocity of the crime and guilt of the prisoner, was absolutely certain, as well as the punishment to fulfill the demands of the law. When lo! our vision is fixed on the following heading to the daily court reports in the *Times-Star* of April 16:

BOOMING MR. BLYTHE.

CIRCUIT COURT SIGNS A PETITION IN HIS BEHALF.

The Circuit court judges this morning signed a petition to the governor to commute the sentence of Charles Blythe, the murderer of Col. A. E. Jones, to imprisonment for life. This in view of the shadow of doubts that rests in favor of the murderer on the question of intent. The matter will be presented to Gov. Campbell and the Supreme court to-morrow. Robert C. Pugh will represent the prisoner; Prosecutor Schwartz for the State.

To say our feelings were shocked, would fail to state the case as we read the above. Three Circuit court judges signing a petition for commutation of sentence of one of the most villainous brutes that ever was principal in a tragedy. What a spectacle! Is it a striking of sparks for another conflagration, for another burning of records and soiled ermine? We have not forgotten that one of these Circuit judges sat on the Common Pleas bench of this county prior to the Court house fire, and of some of his judicial acts that helped make the sparks that started the fire, and that the people refused to re-elect him to that position again. Of the

other members of the Circuit court, we have only heard good reports heretofore. But we will say to them here and now, your acts in this instance, are as flint and steel striking sparks, and to the talented young attorney for Blythe, to remember the fate of another attorney for the murderer whose trial fanned the flame that burst forth in the Hamilton County Court-house six years ago.

As shadows portend a brighter light, and sparks a bigger blaze, we would say to our legal friends and brethren: Guard very carefully the entire person of your—our Goddess of Justice. Allow no lifting of the folds or drapery; no squinting beneath the bandaged eyes; no tipping of scales to one side or the other; no defilement from the purest white; being ever mindful of her virtue, that should be likened to that of Cæsar's wife—beyond any and all suspicion.

DR. WM. T. BELFIELD, 612 Opera House Building, Chicago, Ill., U. S. A., respectfully solicits information concerning unpublished cases of operations upon the prostrate, especially for the relief of the so-called hypertrophy of the organ.

THE meeting of the Association of American Physicians has been changed to May 13, 14 and 15.

LOCAL SOCIETY NOTICES.

CINCINNATI MEDICAL SOCIETY.—

April 22, "Vaginal Hysterectomy for Uterine Myoma," by DR. E. RICKETTS; "Gonococci," by DRs. HOLT and FREEMAN.

April 29, "Two Cases Illustrating the Complications and Sequelæ of Influenza," by DR. J. C. OLIVER.

May 6, "Fecal Myelettis with Secondary Ascending and Descending Degeneration," by DR. JOS. EICHBERG.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending April 12, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping- Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	3											
2.....			1				1					
3.....					1		1				1	1
4.....	1						1	1				1
5.....	1						1	1				
6.....												
7.....					1		1					
8.....	1											
9.....												
10.....							2					
11.....							1					
12.....							1					
13.....					1		2	1				
14.....												
15.....												
16.....			3									
17.....												
18.....	2											
19.....			1				2					
20.....					1		3	1				
21.....												
22.....	1				1							
23.....	1		1				1					
24.....			1		1				1			
25.....					1							
26.....	2											
27.....	2				3		1					
28.....							2	2				
29.....												
30.....							8					
Cin. Hosp.	2								1			
Good Sam. Hosp.												
Totals	16		7	1	9		28	6	2	1	2	
Last week.	9	3	6		6	1	27	8	2	4	1	

The following is the mortality report
for the week ending April 12, 1890.

Croup.....	2
Cholera Infantum.....	1
Cerebro-Spinal Meningitis.....	1
Diphtheria.....	6
Scarlatina.....	1
Typhoid Fever.....	2
Other Zymotic Diseases.....	4-17
Cancer.....	3
Phthisis Pulmonalis.....	21
Other Constitutional Diseases.....	7-31
Bright's Disease.....	3

Bronchitis.....	5
Convulsions.....	3
Heart Disease.....	4
Liver Disease.....	2
Pneumonia.....	11
Other Local Diseases.....	25-53
Old Age.....	4
Premature Birth.....	2
Other Developmental Diseases.....	4-10
Accidental Causes.....	3
Suicidal.....	2-5

Deaths from all Causes.....	116
Annual Death-rate per 1,000.....	18.56
Deaths for corresponding week in 1889.....	112
Deaths for corresponding week in 1888.....	102

BYRON STANTON, M.D., Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 53 cities and towns during the week ending April 11, 1890:

Diphtheria: Toledo, 9 cases, 4 deaths; Cleveland, 5 cases, 2 deaths; Findlay, 5 cases, 1 death; Springfield, 5 cases; New Vienna, 3 cases; Urbana and Fostoria each 2 cases, 1 death; Mansfield, 1 death; Zanesville, Dayton, New London and Utica 1 case each.

Scarlet Fever: Cleveland, 20 cases; Urbana, 6 cases; Youngstown, Toledo, Versailles and Milford each 4 cases; Springfield, 3 cases, 2 deaths; Cambridge and New London each 3 cases; 2 cases each in West Cleveland, Mansfield and Portsmouth; Findlay, Wooster, Painesville, Ravenna and Norwalk each 1 case.

Typhoid Fever: Cleveland, 1 case, 1 death; Jackson, 5 cases; Springfield and Fostoria each 1 case.

Measles: Milford, 46 cases; Cleveland, 17 cases, 3 deaths; Findlay, 16 cases; Lorain, 15 cases; New Carlisle, 14 cases; Garrettsville, Ada, and Warr-n each 12 cases; Painesville, 11 cases; Middletown and Ravenna each 7 cases; Rawson, 4 cases; Versailles and Arcanum each 2 cases; 1 case each in Portsmouth, Springfield, Lima, Norwalk and Urbana; Piqua, 1 death.

Whooping-Cough: Utica and Ada each 10 cases; Lorain, 4 cases; Cleveland, 1 death.

The following places report no infectious diseases present: West Liberty, Delta, Kent, Defiance, New Richmond, Carthage, Pomeroy, Oak Harbor, Beverly, Brookfield, Bloomville, Edison, Bainbridge, Smithville, Chester Hill, Mt. Vernon, Glendale and Pike Township (Stark County.) C. O. PROBST, M.D., Secretary.

ENGINEERING FEATS AND THEIR COST TO LIFE.

The opening of the Forth Bridge is certainly an engineering achievement of which we may legitimately be proud, but the piteous appeal to the Prince of Wales on behalf of the widows and

orphans is evidence of the cost to life involved by these gigantic enterprises. In the present instance, every conceivable precaution seems to have been taken to prevent accident, but in spite of these some fifty lives have been immolated to the steel Juggernaut. Large as these numbers appear when viewed in the aggregate, it is in reality a small relative mortality for an undertaking which has taken seven years to carry out, and on which as many as four thousand men have been at work at the same time. Indeed, if one inquires into the conditions under which the work was carried on, the ultimate feeling is less one of surprise at the number than of satisfaction that no more were sacrificed. Apart, however, from direct danger to life, the damage to health must be considerable, though as to this we are not in possession of any accurate data. It would be interesting to know, for instance, something of the history of the men who work in the caissons—those gigantic representatives of the diving-bell of our immediate predecessors. It seems that no great inconvenience was experienced until the pressure exceeded thirty tons to the square inch, but above that pressure the men all fell ill sooner or later, some lightly, others more seriously. In fact, the men engaged in this hazardous work had to be replaced three times—a telling proof of the insalubrious nature of their occupation. The ill effects were not due in their entirety to the high pressure, which never exceeded three atmospheres, but to the emanations from the soil which formed the river bed. We are in ignorance of the chemical constitution of these gases, which are said to have been inflammable, though they did not give rise to anything in the nature of an explosion. The curious reticence of the French authorities in such matters prevents any comparison being instituted between the mortality attending the construction of the Forth Bridge and that entailed in the construction of the rival giant the Eiffel Tower. We are quite in the dark as to the blood tax levied by the latter, but ugly rumors were afloat while the building was going on. The surgical and medical

history of these two undertakings would constitute a text-book of these two departments by itself, and it is to be regretted that no one has been found with the necessary enterprise and ability to place this information at our disposal.—*Med. Press and Circular.*

SHALL WE EAT TUBERCULOUS MEAT?

In the history of law as in that of medicine, there are what may be called, in German fashion, "epoch-making" events. In the case of the now famous tuberculous meat trial at Glasgow we have an epoch-making event in the combined faculties, and the report of the proceedings at trial on the petitions, at the instance of the Glasgow Local Authority, against Hugh Couper and Charles Moir before Sheriff Berry, will afford authority and precedent on which to decide future cases.

The evidence contained in the report is interesting from the fact, that on the one side, that of the prosecution, we have ranged most of the authorities on tuberculosis in Scotland, whilst on the other there are, with one or two exceptions, no witnesses who can be considered to have a right to speak from a scientific standpoint. We say advisedly with one or two exceptions, as these exceptions have certainly a right to have their opinions heard from their undoubtedly high standing in the scientific world. The report of the evidence is *verbatim*, and there is in the pages before us a record of a most interesting character. We have the evidence of medical officers of health, of distinguished veterinarians, and of other scientific men, all of whom hold with the French Congress that the flesh from tuberculous animals might be the cause of tuberculosis if ingested by the human subject. On the other hand, we have for the defence such evidence as the following: "that the principal cause is heredity;" "that another cause is inhalation of the specific germ;" that "this germ is the pabulum of the tuberculosis;" "that it is the pabulum along with the tuberculosis;" "that it is both;" that "the pabulum may do it in large

quantities;" that "the pabulum alone will do it;" that the "pabulum is where the bacillus is situated—the environments of its animal food;" "the nidus of it;" "that a number of pabuli (*sic*) may be perfectly visible to ocular inspection;" "that you can perhaps see thousands of them with the naked eye;" "that they may be seen in generalized tuberculosis;" "that the pabulum or nidus which enters the animal produces the disease;" "that the pabulum alone might carry on the work of degeneration;" "that the bacillus alone will not do so, but that the two together always will;" and that the witness based his statements "on independent investigation and on the results of his reading." The above quotations will be read with no little astonishment, but they are taken from pp. 311 and 312 of the report above referred to.

There may undoubtedly be differences of opinion as to the necessity for condemning the carcasses of animals in which tuberculosis is comparatively localized; but such evidence as the above is certainly not sufficient to entitle any one to say that this witness for the defence had mastered his subject, and it certainly does not argue well for the strength of the defence that they should have relied upon evidence of such a character. It is but fair to say that this is scarcely an average specimen of the witnesses for the defence, but anyone who takes the trouble—a trouble which will be well repaid—to go through the evidence, the speeches of counsel, and the summing-up of Sheriff Berry, must feel convinced that in this instance, at any rate, the verdict for the prosecution was the only one that could have been given. It is exceedingly fortunate that this should have been the case, for so much attention was drawn to the reports at the time, and so much depended upon the judgment, that it would have been little short of a national calamity had it gone out as the legal decision on a public health question, that flesh from tuberculous animals, when taken into the alimentary canal of the human subject, is to be looked upon as innocuous.

There is already sufficient difficulty

in obtaining adequate inspection and condemnation of tuberculous carcasses, and this difficulty would have been enormously enhanced had the technicalities of the law intervened between those concerned with the welfare of the community and those who have the power of bringing to our markets flesh which can only be characterized as containing organized poison.

—*British Med. Journal.*

ANOTHER WARNING TO LANDLORDS.

The law in respect of the liability of landlords for illness caused by defective sanitary arrangements is gradually being defined, and this will doubtless lead to more care being shown in the future in such matters, for the pocket is often more sensitive to responsibilities of this kind than the conscience. In an action tried a few days since at Tiverton a workman claimed damages from his landlady on account of an outbreak of typhoid fever in his house, which was ascertained to be due to the pollution of the water supply in consequence of defective drainage. The condition, indeed, was about as bad as it could be, one of the drains being blocked and the sewage discharging into the well, and the neglect was aggravated by the fact that on being complained to, the representatives of the landlady only made some minor and utterly inadequate repairs. A verdict was found for the plaintiff with £50 damages, a by no means exorbitant compensation for the death of one child and the serious illness of the plaintiff and several other children.

—*Medical Press and Circular.*

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

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OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Translations.

THE CONSULTATIONS OF MADAM DE SEVIGNE.

EXTRACTS FROM AN ESSAY BY
DOCTOR P. MENIERES.

TRANSLATED BY
T. C. MINOR, M.D.
CINCINNATI.

[Concluded from last issue.]

Writing of sudden death Madam de Sevigne says: "The Count de Boufflers died in passing from one room to another, without warning or form. I saw his little widow, whom I think will soon console herself with another mate. *The count killed a man after his death.* His body was in a hearse on the way to the place of interment and the priest was with the remains, when the hearse overturned and broke the Cure's neck."

Madam de Sevigne had an aunt, Henriette de Coulange, whose health failed from day to day. After many attacks of fever, the poor woman's life was despaired of on account of dropsy. The patient suffered horribly from pains and choking sensations and died on June 30, 1672. Here the Marquise writes: "Her face looks as though she had been dead eight days, her bones pierce through the skin; she is dried up. Doctor Veson predicted her demise. She ceased taking medicine as nature would not retain it. She was no longer swollen for the dropsy had caused her to dry up: she had no more pain because there was no flesh left to consume." A dropsy causing dryness might be criticised, but we continue the Madam's remarks. "You ask me my aunt's disease; it was a wind and water dropsy; there was no room in her for nourishment; milk was her only remedy; it cannot repair dryness; she was used up; her liver was tainted; finally, *she was sixty-six years of age—that was her malady.*"

No one loved life better than Madam de Sevigne, for she writes, "I am disgusted with death; I am unhappy to

have to finish all this by that, and if I could live my life over again, I should desire nothing better. Embarked on the voyage of life without my own consent, how will I leave the world? Shall I suffer a thousand and one pains that will render me desperate? Shall I be carried off by an apoplectic stroke? I find death so terrible that I hate life because it leads over a pathway of thorns."

In a letter of April 22, 1672, we find the following paragraph: "The little Doctor Daquin is first physician to the Court. Favor secured him the position as much as merit." This Daquin was appointed to fill the vacancy made by the death of Doctor Vallot, who was the great advocate of tartar emetic, of quinine and laudanum. It was this same Vallot who saved the life of Louis XIV. at Calais in 1658. This is the person mentioned in the letters of Gui Patin in bitter satire, for there existed between Vallot and Patin a dangerous rivalry. It is evident that Madam de Sevigne did not like the appointment of Dr. Daquin as Court physician, inasmuch as she quotes a verse from the *Cid* of an uncomplimentary character, showing that the selection of Daquin to fill Vallot's position was not to Madam's taste.

Madam de Sevigne dwells on the beauties of nature and her good health, but is soon attacked by a disease that respects neither rank nor personage, for she writes to her daughter: "Can you divine my affection, my child? It is the thing of this world that comes quicker and leaves most slowly, and that keeps closest to you in convalescence; can you not guess my malady? *It is rheumatism.*"

After five weeks of martyrdom, the sufferer commenced to walk around a little, but the swelling in the joints persisted in spite of medicines, for we find that in March she had to secure the assistance of a secretary, and dictated as follows: "My son is very jolly in fever and in health; he has been a great comfort and consolation to me. The infinite duration of rheumatism is something incredible; my hand is badly swollen. I am sick in reality for the

first time in my life. I am thin and promenade upon my fundamental anatomy; I am unable to turn alone in bed and cannot sleep." To hasten the cure of the swelling in her hands Madam de Sevigne used washes, following the prescriptions of the elder Lorine, and taking from time to time a dose of that famous powder called "good bread." "Ah, if you could see me in my *robe de chambre*," she wrote to her daughter, "with my night-cap on, seated in a large chair, you would not recognize your mother, who puts her stays between her flesh and her chemise, and who can only sit on a very soft seat. But have patience, my child; the *bellini ma madre* will soon resume her right to a title as charming and as appropriate."

Madam de Sevigne finally narrates how she went to Vichy in search of relief for rheumatism, and notes the many invalids she met there, as, for instance, "Among the patients at Vichy is a Madam de Brissac, who comes to cure a singular infirmity. This unfortunate lady is the victim of an affliction usually found among very young children: she cannot hold her evacuations, and has caused much scandal in society. It was thought that Vichy would benefit her. Madam de Brissac had colic to-day; she was in bed, beautiful as a dream, and ready to receive the fashionable world. I wish you could have seen the use she made of her pains, and her eyes and her sighs, and her white arms and pretty hands that crept out from under the bed-cover, and the compassion she received. I was overpowered with tenderness and admiration as I regarded the situation; it was really beautiful acting."

In another letter she states: "Vichy water is a marvellous remedy, especially for gourmands who come to empty their bellies for the purpose of filling them again. Yes, they purge out their good Parisian dinners."

Sudden death had still terrors for Madam de Sevigne. About this period Mr. Albert Bayard, one of her most devoted admirers, died, and she wrote: "He had an abscess in his chest that suddenly burst and suffocated him. On Sunday he took some soup and vomited;

he was thirsty afterwards and demanded a drink; he was left alone for a moment and when his attendants returned he was found dead in his chair."

Always keeping up her interest in the maladies of herself and friends, she says in an epistle written in December, 1677, on the death of President Lamoignon: "The doctors attributed his decease to a stone arrested in the ureter, which brought on a brain attack." On Thursday, May 27, 1678, she wrote to her daughter: "I wish to tell you that I consulted for two hours with Dr. Fagon, a very celebrated physician. I never saw him before, and he is full of spirits and sense. He converses with a knowledge and capacity that surprises me, and has none of the routine manners of other physicians who overpower one with their remedies. He prescribed nothing but good food for me." This physician was Gui Crescent Fagon, nephew of the founder of the "Jardin des Plantes," who enjoyed a great reputation at this time and was physician to Louis XIV. in 1693. A constant sufferer from chronic rheumatism which neither doctors nor medicines relieved, Madam de Sevigne says to her daughter: "What a pleasure to hear you discourse upon all the chapters you treat of; that on medicine fairly ravishes me, for I am persuaded that with the intelligence and ease of comprehension that God has given you, that you can do more than the doctors; it is only necessary to have a little experience and you would not kill with the impunity that they do, and I have more faith in you than in physicians when it comes to judging a malady."

A little surgery is also found in this gallery of human miseries, physical and worse, and Madam de Sevigne, writing under date of January 10, 1680, remarks: "The Marquis de Pomenars was cut for stone to-day. He bore the operation with heroic fortitude. I followed the example of Madam de Chautres and called to see him. The stone is as large as a small egg; he screamed during the operation like a maid in her first confinement, but there was more joy than pain in his outcry. Mourell was also operated on a month

ago." She does not name the surgeon who performed these operations.

Madam de Sevigne indulges in a continual medical cancan when corresponding with her daughter, who suffered from weak lungs, for in a letter she says: "Duchesne hates coffee. It is true that Madam de la Sabliere takes tea with her milk, for she told me the other day it was to her taste; and she finds coffee too is often useful. Your physician, whom you esteem, and who appears to merit your confidence, has advised you to take it, you say." And here Madam breaks out into a new medical dissertation on coffee. Now it fattens one person and thins another; there are so many experiences and extravagant claims made on both sides of the question, remarks the Marquise, that one cannot arrive at a proper judgment as to its real value; but, she concludes, "Reason with your physician; I demand one thing of him: Why, if your lungs are not affected, do you always have that feeling of heat and weight on the same side of the chest? Why are you so susceptible to cold, and why are you so emaciated? Since I started writing I have taken two pills with a little water. I take a glass or two of flaxseed water every morning; I shall never have kidney trouble."

Madam de Sevigne was closely related to the celebrated Rochefoucauld, the moralist, and, in connection with Madam de la Fayette, there existed a very intimate friendship between the three. In a letter dated March 13, 1680, we find: "I fear Rochefoucauld will die from his present attack; his fever continues, but the poor man bears all with resignation; he is not alarmed, and hears the physicians discuss the disease in his presence with quiet disdain, for his mind is perfectly clear. But his relatives are uneasy and quarrelling among themselves as to his case. Gourville is down on the English doctor, Talbot, while Langlede sticks up for *l'Anglais*; finally they decided, through Mareillac, on the Britishman, and at eight o'clock in the evening Rochefoucauld took Talbot's remedy. Towards midnight the patient appeared as if about to expire, but the remedy

attacked the gouty humor and our old friend had a large evacuation, and although there is still much fever we now have hope. I am persuaded he will recover. I am persuaded that the Englishman's remedy worked a miracle." Then comes a new bulletin of the case. The patient still remains in the same condition with swollen limbs and the English Doctor is displeased, but believes his medicine will act in good time. "If it does," concludes Madam de Sevigne, "I shall admire the goodness of physicians for not slaying, killing, assassinating, and massacring him. Doctor Duchesne is not caring much, but the other physicians are enraged."

On March 17, Saint Patrick's day, she announces the death of Rochefoucauld in the night in the following lines: "Yesterday the Englishman's remedy worked marvels, and our hopes of Friday were augmented; we sang a chant of victory; his chest was free, his urine clear; he had little fever, and his evacuations were normal. Suddenly the fever returned in aggravated form, he suffered from oppression, his mind wandered; in a few words, the gout traitorously strangled him, and although he was strong, not having been over-bled, he suffered only four or five hours longer, and then rendered his soul to God." This picture of gouty retrocession is exact, but has not much merit in accusing the incapacity of medical science when it could only occupy itself with the effect without changing the cause.

Madam de Sevigne was one of many victims who went under the care of the Prior of Cabieres, who was not much of a doctor but boasted of his wonderful remedies. He was a reminiscence of Moliere's "*Medecin Malgré lui*," that admirable satire on the ridiculous in medicine of the period. All the world used pleasant and amusing citations from the play, everyone thinking the poet mocked a neighbor and not taking anything to themselves. This Prior of Cabieres was one of the early gynecologists, or rather *vaginaologists*, of the epoch; he was an expert on uterine hemorrhages. On May 1, Madam de Sevigne writes to her daughter: "You

know the bad fortune of the Duchesse Fontanges, who is troubled with excessive flowing. She is still at Maubillon confined to her bed with a fever to complicate her case. She has commenced to swell, and her beautiful face is puffed. The Prior of Cabieres will not leave her bedside, for if he makes a cure his fortune at court is achieved." It appears that the Prior did have some success, for the beautiful Duchess did reappear at court, but, nevertheless, died in June of the following year, some say from the effects of poison, others claim that she expired from a female malady. Louis XIV. desired the Prior of Colisieres to settle in Paris, to minister to the numerous ladies of the court. It was Madam de Grignan who said to her mother, Madam de Sevigne, that "*our beautiful Duchess was wounded in the King's service, like a good soldier, on Love's field of battle.*" This wit at the expense of his favorite was not relished by Louis XIV.

The son of Madam de Sevigne, the Baron de Sevigne, was a gallant without love, and in one of his *liasons* had an accident, a painful experience. "Truly," writes the mother to her daughter, "your brother had better have been buried in snow than have indulged in a sauce of such high flavor. Who would think that a woman in the Queen's court would treat a man like he has been treated?" She offered him every consolation and many remedies. We see from this that even the Duchesses of the court were not proof against the malady which did not fear the society of such high company. The son seems to have had all the symptoms with the *specific roseola*. In another letter she says: "You would pity your poor brother could you see him; he is always in pain. He has confided his amorous misadventure to Madame de la Fayette and ten or twelve of his more affectionate female friends. He has much confidence in the physician who treats him, but, what do you think of a secret distributed among fifteen friends. I think his doctor will make him as though he had been laved seven times in the water of the river Jordan. If your brother's malady is something new, the

source from whence he contracted it must be very ancient."

Talbot, the English doctor with his famous fever powder, was astonishing Paris about this time with his high fees and exorbitant price of his medicine. "What will become of the French Faculty?" asks Madam de Sevigne in one epistle of this date. "The Englishman has promised to cure Monseigneur's chronic fever in four days at the stake of his head if he fails. If he does not succeed, I really believe they will throw Doctor Talbot out of the window. But, if the Englishman's prophecies are as true in the future as in the past, I think they should erect a temple in his honor as was done in the case of *Æsculapius*. It is a pity that Moliere is dead. What a marvelous scene he could paint of Doctor Daquin, who is furious at not having Talbot's remedy, and all the other physicians are overcome by the experiments, successes, and divine prophecies of this little Briton."

Madam de Sevigne was a firm believer in the famous *sympathetic powder* of the period and its claim for high occult properties. When any slight wound was found a pinch of this wonderful powder stopped the hemorrhage as if by enchantment, relieved the pain, and closed the wound. Now this divine powder was only sulphate of iron dried in the sun and mixed with gum arabic. It is not necessary to dream over such follies, although the Chevalier Digby printed a large volume entitled "*Discours touchant la guérison des plaies par la poudre de sympathie.*" Paris, 1681. This is accompanied by a dissertation translated from the Latin of Nicolas Papin, on the nature and effects of this magical invention.

Who originated *sympathetic powder*? It was introduced to France under the patronage of Theodore Turquet, who, having been physician to Henri IV., passed over to England and became physician to Jacques I, as well as the unfortunate Charles I. Digby's little book contained an account of the cure of Jacques Howel, secretary to the Duke of Buckingham, by means of the *sympathetic powder*. Turquet gave the

secret to the Duke de Mayenne, who was killed in 1621 at the Siege of Montanbin. The Duke's surgeon gave up the secret for the public good, and it fell into the hands of the populace. Madam de Sevigne used the *sympathetic powder* on her son's sores, and writes: "It is true that only one little sore was left that we believed to be cured, but it revolted, but afterwards was healed by the sympathetic powder." She does not say where the sore was situated; perhaps it was on the leg or his arm. Madam de Sevigne's letters for many months after this laud the virtue of *sympathetic powder* to the skies for "*c'est un remède tout divin.*"

No woman that ever lived had a higher regard for good health than Madam de Sevigne, hence her constant anxiety for her family and friends. This anxiety for health made her a prey to a passion for medicine, true and false, legitimate or contraband. Her letters are full of the sick-room and apothecary shop, and she was mother and grandmother as the occasion required. Madam de Sevigne was an enthusiastic advocate of every new remedy, and about this time extols the *powder of craw fish eyes* for its marvellous effects. She also took the *essence of urine* in eight drop doses for an hysterical attack, and prescribed *quinquina* on all occasions for her family and friends. She also was persuaded that *vipers, flesh and bone, and not in powder*, taken in soup or cooked cream, possessed admirable virtues. They were caught by the dozens about this time, and it was customary to cut off the heads of two every morning for breakfast served in a stuffed chicken; boiled in rice they gave spirit and life to weak men whose afflictions made them drowsy. Vipers and chickens, no doubt, made an excellent aliment, and it is possible the chicken would have done as much good by itself, but the *spirit* of the reptile had in the eyes of the credulous world, owing to its superior strength. We laugh at these allusions, and it will be the same in future ages, when our modern authorities are ridiculed. The illustrious lights of the present, who believe in germs as the cause of disease and

not as an effect, will be scoffed at in the future. History always repeats itself. Madam de Sevigne suffered for many years from an ulcer on the leg, which was chronic, and occasionally developed as erysipelas. In her correspondence allusion is constantly made to this affliction, and she used every known remedy and consulted innumerable medical lights, but all without success. She always approves the latest remedy and abuses the one she has discarded. Her incurable rheumatism and ulcer on the tibia, aroused her constant animosity against medical practitioners who undertook her cure and failed. She writes thus of a new remedy: "For eight days past I have had my leg enveloped in rose bread moistened with boiled milk, and warmed over two or three times in the twenty-four hours." This rose bread was composed of rose petals and had astringent properties. In October 1686, she indites an epistle to her daughter containing an allusion to her son who had recovered from his syphilis. "After five months of terrible suffering, terrible from the remedies used, which purged him to the bottom of his bones, your brother has been restored to perfect health. It is probable that this rude experience will contribute to modify his character. He is now filled with true Christian philosophy and will, no doubt, be virtuous as an anchorite."

Small pox was very common at this period, and spared neither king nor peasant. The death of the Prince de Conde on December 11th, 1686, threw the whole court into consternation. Madam de Bourbon having been attacked by variola, the Prince left Chantilly for Fontainebleau, to prevent the Duke who had not had the disease from being near the patient. The precise cause of this great personage's death is uncertain; but Madam de Sevigne, ever credulous, believes in the story of a phantom or ghost looking out of the windows at the Chateau of Chantilly.

About this period, Louis XIV. pays his tribute to human misery and Madam de Sevigne mentions the painful operation (*fistula in ano*) to which the king submitted, for which so much honor

was accorded to his surgeon, Doctor Felix. It was about the same period that Adrien Helvetius, a Dutch physician, introduced ipecacuanha into French practice.

In 1688, Madam de Sevigne's grandson, aged but 17 years, who had distinguished himself by bravery at the siege of Philisbourg, died from the effects of an injury received on the field. To her afflicted daughter Madam de Sevigne writes by way of consolation: "They die in Paris as well as at Philisbourg; Filleau is dead from a fever; M. du Bois is not expected to live; Madam de Lonqueral choked to death." Thus she endeavors to distract her daughter's attention, but the latter will not be comforted for the loss of her boy.

The Archbishop of Arles, having nephritis and passing calculi about this time, she writes in these terms: "It is not for an accouchment that he is confined to his apartment; he should content himself with the two painful infants (gravel) he passed last year, of which she is the widow and godmother. There is a cruel fecundity on the part of this cursed calculary race." On October 12th, 1687, she writes: "L' Abbe Bigorse tells me that Monsieur Niel fell, the other day, in the King's chamber and suffered from a contusion. Dr. Felix was called in and bled him, *cutting an artery*, which necessitated an immediate capital operation. I do not know what to complain of most. Just think of the King's surgeon cutting an artery!" It is noticeable, from the time of this accident, that all of Madam de Sevigne's letters are more modest in regard to her own medical and surgical skill.

The last letter written by the madam was on March 29th, 1696, and she died on the 17th day of April following, from an attack of virulent small pox, a disease of which she had always had a great dread. To the last the maternal chords of her kindly heart throbbed in sympathy with all human suffering. She will ever be remembered in the world of letters as a woman with many medical theories and considerable practice, for one not assuming the title of practitioner.

A SPECIAL FORM OF THE STYLOID EXOSTOSIS.

BY HEINRICH BRAUN.

Because of the especial surgical interest attached to this form of growths, the author reports the following cases:

I.—Styloid Exostosis growing from the Anterior Inferior Spine of the Ilium.

Two years ago., E. T., aged eighteen years, began to suffer, without any definite cause, from pain in the right hip, which, though never of a violent character, gave him great difficulty in walking. Notwithstanding the absence of further growth in the tumor, the different movements of the thigh became more and more restricted, at first flexion and later the others, until, at the end of three months, the bone, at the hip, was entirely fixed.

On the patient's entering the surgical clinic, January 21, 1889, the following was observed: The patient was a large, well-nourished muscular man, perfectly healthy with the exception of the right hip joint. Examining the region in question, there was observed a slight swelling on the anterior surface of the right hip immediately below the anterior inferior spine, hard to the touch, extending downward about ten centimeters and appearing to arise from the upper part of the femur. On pressure very little pain was elicited. Otherwise the contour of this region was perfectly normal. The integument was unchanged, and there was no evidence of fluctuation. The thigh was adducted and fixed in a slightly inward rotated position. When the man was examined under an anæsthetic, every movement of the hip was possible, and it was further ascertained that this joint condition was not due to a synovitis, but to some deformity of the articular surfaces.

On the 24th of June, 1889, by an incision from the anterior superior spine downwards, a new growth, which projected from the anterior inferior spine by a broad pedicle and proved to be a cartilaginous exostosis, was exposed. It extended parallel to the femur as far as the inter-trochanteric line and there

almost touched the femur, but in no manner attached to this bone. It was nine centimeters long, somewhat constricted at its center, the extremity enlarged and covered with cartilage, which proved to be the only cartilage connected with it. Furthermore, the head was furnished with a serous sack filled with a hemorrhagic synovia. This had forced itself up between the muscles and the pedicle, rendering its removal with a chisel much less difficult.

Immediately after the operation the thigh could be moved freely in all directions. The further course of the case offered nothing special. The healing of the wound, tamponed with iodoform gauze on account of the profuse parenchymatous hemorrhage, took place without interruption. The patient left his bed July 22, and on August 9 was dismissed, cured, from the clinic. Not the least trace of pain or impairment of motion was present.

II.—Double Cartilaginous Exostosis projecting on Both Sides from the External Condyles of the Humeri.

These growths, with myositis ossifans progressiva and a micro-dactylic condition of both feet, existed in an intellectual boy of thirteen years. From the age of three years, without any special cause, and without hereditary influence, this extremely pitiable condition had painlessly and gradually developed until October, 1882, when he entered the surgical clinic. Numerous muscles were wholly or partly ossified, and the vertebral column was changed into an almost absolutely stiff mass in consequence of the ossification of the ligamentum nuchæ, and the deep muscles of the neck and back. From the ossified muscles of the back, bony processes extended to the gluteal muscles. Bony deposits, forming bands, were imbedded in both masseters, which permitted the mouth to be opened only to the extent of one-half a centimeter. Other muscles, as those of the forearms, hands and shoulders, were atrophied, while in others a condition of fibrous hardening had taken place. Both pectorals were, thereby so raised that from the sternum to the upper arm, corresponding to the

central fibers, a bony band extended. The only muscles in which there appeared to be no change were those of the lower extremities. The previously mentioned micro-dactylic condition consisted in the absence of the first phalanx and the immediate articulation of the ungual phalanx to the meta-carpus.

In addition, the skeleton of the patient exhibited, in different places, exostosis, which, for the greater part, were distributed symmetrically on both sides. On both rami of the inferior maxilla, on both clavicles corresponding to the insertions of the sterno-cleido-mastoids, on both radii, on the right ulna existed exostoses mostly round in character and varying in size from a pea to a walnut. Of these growths, the most interesting to us were the two that sprang from the lower ends of the humeri. A little above the external condyle of the right humerus, at right angle to the bone, readily felt beneath the integument of the arm, was a thick, hard, bony growth. Directly over the left external condyle, there likewise existed a similar but somewhat thinner exostosis. Both elbows were fixed in a flexed and slightly supinated position.

On November 20, 1882, both tumors were removed, and proved, on examination, to be cartilaginous exostoses. Their surfaces, other than their slightly extremities, were smooth. These, however, were covered with cartilages which were in a measure united to the bones of the forearm. That from the right was six centimeters, and that from the left five centimeters long.

T. C.

COCA, LEAVES.

M. Angelo Mariani's interesting brochure on coca has lately been translated into English, and published by Mr. J. N. Jaros, of New York. We quote from it the following account of the leaves:

"The leaf of coca gathered in Peru . . . is generally larger and thicker than the leaf of the Bolivian coca. It is also richer in the alkaloid, consequently much more bitter. The coca

leaf from Bolivia, smaller than the Peruvian leaf, is as much esteemed as the latter, although it contains less of the alkaloid. It possesses so exquisite and so soft an aroma, indeed, that the *coqueros* seek it in preference to any other. The coca leaves of Brazil and Columbia are much smaller than those of Peru and Bolivia. Their color is much paler. Containing but traces of the alkaloid, they are not bitter, and possess a pleasant but very volatile aroma. One of the most important characteristics of the coca leaf is the disposition of its nervures; parallel with the midrib two longitudinal projections are to be seen, which, starting from the base of the leaf, extend in a gentle curve to its point. The upper surface of these leaves is of a beautiful green tint; the lower surface of a paler green, except, however, near the midrib. At this point there is a strip of green darker than the rest, which becomes brown in the withered leaves.

—*N. Y. Med. Journal.*

A DEFINITION OF "UNPROFESSIONAL CONDUCT."

In a bill to regulate the practice of medicine, recently introduced in the Oregon Legislature, there is a clause providing for the revocation of licenses for "unprofessional conduct," which is defined in the bill as follows: First, the procuring, or aiding or abetting in procuring, a criminal abortion. Second, the employing of what are known as "cappers" or "steerers." Third, the obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured. Fourth, the wilfully betraying of a professional secret. Fifth, all advertising of medical business in which untruthful and improbable statements are made. Sixth, ~~all advertising of any medicines or of any means whereby the monthly periods of women can be regulated or the menses re-established if suppressed.~~ Seventh, conviction of any offence involving moral turpitude. Eighth, habitual intemperance.—*N. Y. Med. Record.*

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R. OGDEN DOREMUS, M.D.
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ABSCESS OF OVARY,

WITH EXHIBITION OF SPECIMENS.

A paper read at the Southwestern Ohio Medical Society, at Springfield, Ohio,
April 17 and 18, 1890.

BY

RUFUS B. HALL, M.D.,

Surgeon to the Cincinnati Free Hospital
for Women etc.

Mr. President and Gentlemen:

I shall not enter into the discussion of the pathology of abscess of the ovary, as much of this is shrouded in mystery, and thereby inflict upon you a long-spun paper based upon theory. But on the contrary I shall simply report a case of abscess of the ovary, giving the prominent symptoms in the case before operation and present the specimens removed.

The case which I am about to report is the second one of abscess of the ovary coming under my observation. The first was operated upon April 30, 1888, and reported to the Cincinnati Obstetrical Society at the June meeting of that year and published in the *American Journal of Obstetrics* the following August.

Abscess of the ovary, as you are aware, was formerly supposed to be of rare occurrence; but it is now believed that it is of more frequent occurrence than formerly supposed. In all of the reported cases at my disposal the abscess was confined to one ovary, but in most of the cases the opposite ovary was found to be in such a diseased condition as to necessitate its removal, also.

Except in cases of long standing, there is no true abscess cavity lined

with a pyogenic membrane in all of the cases reported. In neither of the cases coming under my notice was there anything resembling a true pyogenic membrane. In the first case the contents of the pus cavity was thick, grumous material, while in the last it was much like other cases reported, resembling pus mixed with blood, broken fibrous tissue, sloughy material, and granular debris (under the microscope.)

The subject of the report of my case is Miss W—, age 32 years, of Chillicothe, O. The history of her illness dates back to January, 1885, while engaged as saleslady in a store. She had occasion to light the gas, and while attempting to turn it on from a chandelier which was some three or four inches higher than she could reach while standing upon the floor, she jumped to reach the button to turn it on; after this had been done, she attempted to ignite it by means of a lighted match by again jumping. This effort caused a sharp pain in the right hypergastric region, which soon diffused itself over the whole lower part of the abdomen.

This pain was quite severe for the first few days, when it grew less so, and as she was very anxious to retain her place at the store, she continued to go to her work just as long as possible, which was about four weeks—notwithstanding she suffered constant and severe pain in the abdomen and back. About five weeks after the accident she was seized with a chill, followed with intense pain in the lower part of the abdomen, and it soon extended over the whole abdomen, which soon became markedly distended and extremely tender to the touch. She had the usual treatment for inflammation in the abdomen including the turpentine stoups,

It was fully three weeks before she showed any signs of improvement and four weeks before the hot applications to the abdomen could be dispensed with. After the acute attack had subsided a vaginal examination was made, and it was believed that she had retroversion of the uterus, which was causing her the pain, and had been the exciting cause of the attack of inflammation. She was put upon the usual treatment, both local and constitutional, and with this all kinds of pessaries were tried with the hope of benefiting her; but with no marked improvement following.

In November, 1887, I saw the case in consultation with her physician. For twenty months she had been confined to her room, and one year of that time immediately following the accident she was confined to her bed. The case had been seen, in consultation with her physician, by a number of the leading physicians in the vicinity at different periods of her illness, but received no permanent benefit from any treatment suggested. For six or eight months prior to my visit she had been much better than she was the first year of her illness. She did not, at the time of my visit, suffer much pain when she would remain in bed, and at intervals of from one to three weeks she would attempt to sit up and at times move about the room. This would always aggravate her symptoms, and she said it caused her to have more pain for a number of days afterwards. She was encouraged to walk as much as possible. Previous to my visit it had been more than hinted to her friends that her suffering was not all bodily. * * * * * She appeared better when I saw her than at any time during her illness.

An examination revealed a prolapsed ovary low down in the pouch of Douglass which was firmly adherent and quite sensitive to pressure. The other ovary could not be felt, knowing, as we do, that downward dislocation of the ovaries is quite a common affection, and it gives rise to great suffering in many cases, yet it is rare indeed for it to be a cause of death. She was more comfortable at the time of my visit than

she had been at any time since the commencement of her illness.

The pelvic tenderness and pain, with the pain in the back, and the inability to walk, were very marked in her case. The dull, aching pain located in the region of the right ovary and radiating over the abdomen was almost constantly present so that she could find no relief from the pain except when in the recumbent position, which gave relief, yet she had pain even then. She looked to be in perfect health when I saw her.

Notwithstanding the fact that she had been completely disabled for so many months, and the suffering from a displaced ovary is extremely varying in different cases, I did not think at that time that an operation for the removal of the prolapsed and adherent ovary was the proper treatment. I therefore advised against any operative interference at that time.

I did not see the case again until March 12, of this year. At that time I saw her, in consultation with the same physician that had first called me. The history was one of constant suffering since her first illness. At this examination I elicited the fact that she had marked rectal tenesmus lasting two to three days every few weeks, which would be followed by a little mucopurulent discharge from the rectum; this commencing soon after her first inflammation, some six or eight weeks after she first went to bed. This fact I did not learn at my first consultation. What relation, if any, the mucopurulent discharge from the rectum had with the abscess of the ovary I am wholly unable to say. There may and may not have been a communication with the gut and the abscess cavity of the ovary.

An examination revealed the ovary adherent in the pouch of Douglass as at the first examination, which was quite sensitive to pressure. Her general health appeared good, but her pelvis trouble completely disabled her, not only from earning her living but from the enjoyment of life. She had not walked the distance of two squares at one time in five years.

At this examination I advised an op-

eration for the removal of the adherent ovary. She was admitted to my "Home" March 17, and the operation was made March 19, 1890. Present: Drs. Van Meter and Rice, of Cincinnati, and Dr. Richards, of Dayton, Ky. I found the right ovary firmly adherent in the pouch of Douglas and removed it with considerable difficulty. It was enlarged to twice its natural size and cystic, as you may observe from the specimen. The left ovary, containing the abscess, holding more than two ounces of pus, was firmly adherent to several coils of intestines. In separating the adhesions the sac was ruptured, and when it was brought up to the abdominal wound I found the large hole in it which you will observe. The most of the contents of the pus cavity was spilt into the abdominal cavity, which was most thoroughly irrigated, and a drainage tube inserted at the lower end of the wound. She made a rapid and uninterrupted recovery; was able to sit up on the eighteenth day after the operation, and able to go home on the twenty-eighth day (yesterday).

Since the operation she has not been annoyed with rectal tenesmus—this is the longest interval that she has had during her illness that she was not annoyed by the aggravated symptoms and muco-pus discharge from the rectum. She is perfectly relieved from pain in the back as well as the pelvic and abdominal pain. While she has not yet recovered sufficient strength to walk long distances, she walks about her room with perfect comfort, without the least indication of a return of her former pain, and I have no hesitation in saying that she will be perfectly relieved from her past suffering and be in a position to enjoy life and earn her living.

I could extend this paper and make it more interesting if I were to take up all the points of interest in this case, but will leave them to be brought up in the discussion which I hope will follow.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

PLASTIC SURGERY.

BY

H. H. SPIERS, M.D.,
EDINBURG, O.

In the summer of 1882 Mr. H., aged fifty, while attending a shingle-machine, attempted to pick from the block or stand a piece of shingle while the knife was running. Result: Two inches loss from each of two middle fingers. I saw the patient about two hours after the injury. The cut was horizontal, and the stumps were ligated by having a strong twine tied around them. I inquired for the severed pieces. On saying I wished to replace them the laugh was general at my experimental surgery.

A boy was sent to get the amputated pieces from the machine, about forty rods distant. He was afraid to touch them, so they were carried on a shingle. In coming back he stumbled and lost one of the pieces in the grass: It could not be found. The one brought was replaced and retained *in situ* by adhesive strips. At the patient's request the other stump was left as amputated, dressed with balsam fir. In one week the replaced member was very much discolored; no odor or discharge. In two or three weeks the dark cuticle came off and finger became red and sensitive. In five or six weeks recovery was complete except stiffness of the third joint. One year later the finger was as useful as any of the others, but was always sensitive to extreme cold. The amputated finger is, of course, out of the way, but is very clumsy and of little use. On asking the question, Which of the fingers do you prefer? the reply is: "I much prefer the replaced one."

In August, 1885, I reported five cases of accidental amputation, including this one, to the Portage County Medical Society. I trust in the near future to be able to present some rules for guidance in these and similar cases.

BOILS and felons are said to be aborted in twenty-four hours by the application of a thick layer of ointment of nitrate of mercury, covering the whole with adhesive plaster.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of March 24, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. H. D. PERCIVAL reported a case of

Tumor Simulating Hypertrophic Cirrhosis of the Liver.

I beg leave to present to you this evening a tumor which has been removed at a postmortem. I wish to call particular attention to the complete manner in which the symptoms produced caused several prominent physicians to be misled. And again we are forced to remark "that all true diagnoses are made upon the postmortem table." The patient from whom this tumor was removed was a young man of excellent habits, and eight months prior to his death was a fine specimen of manhood. Age, 28; height, 5 feet 5½ inches; weight, 180 pounds; temperate, married, family history good. Father died of erysipelas, mother died of consumption; one brother living, health fair; three sisters living, health good.

About June 1, 1889, he began to suffer with acute indigestion. Health prior to that time was excellent. He continued to have trouble with stomach, indigestion, with very little improvement. His condition continued to grow worse until December 1, when he came to Covington, Ky. The day before starting to Covington he felt a sudden tearing, or, as he expressed it, "something broke loose inside of me right at my stomach," and the pain was so severe that he fainted.

His inability to retain food of any kind had so exhausted him that when he arrived he was almost in a state of collapse. Dr. W— was called and found him very much exhausted. Pulse very feeble and rapid, constant nausea,

unable even to bear the mention of food at any time, and unable to take any nourishment. Temperature 101° in the morning and 102° in the evening. Slightly jaundiced. Upon examination the abdomen presented in the median line at the point occupied by the stomach a distinct enlargement, prominent and painful upon pressure. The whole right side from the lower border of the axillary space to two inches below the margin of the ribs gave dullness upon percussion. Also pain under right shoulder. There were no vigors or profuse sweating at any time. The opinion of those in charge was that there was either hepatic abscess or malignant trouble. During the first week there was a marked improvement in the condition of the stomach. After the first week Dr.— was called, and after a close examination he was of the opinion that it was a case of hepatic abscess, and the attending physician having the opinion of hypertrophic cirrhosis.

The symptoms present at this time were as follows: morning temperature, 101°; evening, 102; pulse, 118–120; tongue coated, dark brownish color; complained of bad taste in mouth in the morning; constipated and slightly jaundiced; abdomen swollen and slightly more prominent at the point occupied by the stomach; painful at this point upon deep pressure; slight oedema of the feet and ankles, more in right than in the left. The treatment adopted was symptomatic and supportive.

This condition of affairs continued until the third week in January, when the request was made by the family for more advice, and a prominent surgeon was called. The history of the case was detailed at length. He advocated puncturing the liver at various points for the purpose of locating an abscess, but mentioned malignancy of the liver as a very possible condition. I am free to confess that I was strongly of the opinion that we had either a case of multiple abscess or encapsulated abscess. Upon the suggestion of the visiting surgeon a medium-sized aspirator needle was introduced at the point where pa-

tient had complained of pain (both Dr. A. and B. thought they detected fluctuation) and where fluctuation was thought to be. But no pus rewarded the efforts of those in charge. Treatment as above was continued and a week or so later the aspirator needle was inserted two and a half inches from first puncture. Some three weeks later a prominent physician was called to see the case with the other consultants. After a thorough examination and a rigid questioning he summed up the matter and pronounced that we had three conditions to consider: Hypertrophic cirrhosis, amyloid degeneration, hepatic abscess, and after excluding the two first-named he advocated numerous punctures with a good-sized needle, and subsequently made a puncture fully six inches from point previously punctured, but with negative results. One thing please let me draw your mind to, and that is, that the appetite improved after each and all punctures and there was slight amelioration of symptoms.

Patient continued to grow steadily worse and finally died March 16, 1890.

Postmortem: About one gallon of ascitic fluid was withdrawn by the undertakers. When the abdominal walls were drawn apart, in the epigastric space a tumor was brought to view, displacing the stomach downward and outward, occupying about the normal position of the stomach, being firmly adherent to the stomach, liver, and diaphragm, the liver being very much displaced downward and to the right. On inspection, the intestines, omentum, liver and stomach presented a healthy appearance.

In order to ascertain the origin of the tumor it was necessary to detach it from the posterior surface of the stomach, the posterior surface of the mesentery, the posterior surface of the pancreas, and the posterior surface of the liver, and to its point of lowest attachment, which was found to be about the level of the upper border of the kidneys, being firmly adherent to the tissues of the spinal column as high up as the vault of the diaphragm, and firmly adherent to the under surface of the liver,

compressing the hepatic vessels, bile ducts and the inferior vena cava. The gall bladder was very much distended and very tense, being about the size of a large pear, and upon pressure no bile could be forced out.

The liver was normal in appearance and size. On section, however, the inferior surface of the liver presented several white caseous patches. The spleen was normal, the pancreas apparently normal, but so surrounded with infiltration, it was difficult to state definitely its exact condition. The kidneys were normal in size and appearance. The lungs showed slight hypostatic congestion, with some slight serous effusion in both sides. Heart normal, with slight pericardial effusion. The tumor, after being removed and allowed to drain, weighed four pounds and two ounces.

This tumor and report of case is presented purely from scientific motives and to show how uncertain a positive diagnosis really is. In this case there was no idea of the presence of a tumor. All agreed that the liver was the seat of all the trouble.

Some may say an exploratory incision should have been made, but the general oedematous condition of the patient contraindicated this.

DR. B. F. BEEBE made the following report of a case having some points similar to that of Dr. Percival.

It is a singular coincidence that I am able this evening to report a case and present the postmortem specimen somewhat similar to the one that you have just had exhibited to you. It is not so much the specimen but some features of the case that seem to be somewhat the same, and therefore it may be well to report my case now so that any remarks may be made upon both cases at the same time.

Some five years ago Capt. W. D. C., 50 years of age, pilot, of previous good health and habits, was admitted to the Marine Hospital five or six months after taking sick, suffering from a combination of troubles, the most distressing features being caused by what, for the moment, I shall call general dropsy.

I may state now that at first the di-

agnosis of Bright's disease was made, there being abundance of albumen and casts in the urine. Very shortly after I discovered that he had disease of the mitral valve, regurgitant murmur being distinctly heard at the apex, synchronous with the first sound of the heart.

A more complete history of the case however, forced me to believe that the dropsy depended, for the most part, upon obstruction to the portal circulation.

The *postmortem examination shows that these three pathological conditions existed*, and the specimen that I now exhibit to you explains some things, and at the same time calls for further study and investigation in regard to others.

You will observe in this specimen a part of each lobe of the liver, the gall bladder, head of the pancreas, five or six inches of the beginning of the duodenum, all held together by adhesions, very old, strong, well organized, incorporating the common bile duct and vessels that enter the liver.

To what extent these vessels and ducts have been closed I am as yet unable to state, since I did not wish to mutilate the specimen until you had examined it.

The cystic duct alone has been examined and found to be occluded.

The patient has been jaundiced from beginning to end of his sickness, a period over five years.

In fact, it is quite probable that the beginning was catarrhal jaundice, closure of the bile ducts, whether temporarily or permanently, remains to be demonstrated by careful dissection of the adhesions in this specimen.

In the early history of the case the patient says that he *vomited* two pints of *very* offensive "matter." This, with the jaundice, would indicate that possibly an abscess of the liver had opened into the stomach. The adhesions indicate that the abscess, whether of the liver or external to it, opened into the duodenum a few inches from the stomach, the latter not even in part being embraced within the adhesion.

An interesting feature has been in regard to the ascites. Soon after his ad-

mission to the hospital he was tapped, using trocar and canula, obtaining two gallons of ordinary light straw-colored fluid.

As usual, this operation gave but temporary relief, and upon being informed that it must be repeated, he left the hospital and sought the "root and herb doctor, who nearly purged him to death." He finally made up his mind that if he must die he would prefer the more comfortable method, and returned some two years later in order to be relieved of the fluid that was giving him so much discomfort. Within the past two years he has been tapped, with a small trocar, *twenty-one times, averaging five gallons at a tapping*. The fluid during this period has been of a peculiar character. I show you some of it in this bottle. You will observe that the consistence of it is that of a thin solution of pus, and dirty white in color. Under the microscope there are not seen pus corpuscles, but the fluid proves to be but an emulsion of fat. The origin of the fat is doubtful. It has been suggested that it came from the omentum, as that was found to be a mass of fat *strings* and not the ordinary *sheet* of fat. It may be well to add that the patient improved greatly in nutrition during the past two years. Immediate cause of death was from heart failure.

DISCUSSION.

DR. EDWIN RICKETTS did not think that anything could have altered the result in the first case reported; he objected, however, to the use of the aspirator for diagnostic purposes in this case. In such a case an exploratory incision is preferable for diagnostic purposes. Even in abscess of the liver you are not always sure to strike the pus cavity with the needle, and even if you do penetrate the cyst, you are not sure to bring off pus, and yet the contents of the abscess may escape into the peritoneal cavity.

The speaker thought the specimen of Dr. Beebe a valuable contribution to the obscure diseases of the liver. It shows that the common bile duct has been closed for at least five years, and that during that time the patient has

had no outflow of bile into the intestine; hence it is not necessary that a man shall have biliary secretion in order that he may continue to live. I question whether the case was one of hepatic abscess at the time the man vomited the pus referred to. The speaker reported a case of hepatic abscess operated upon in which a good-working aspirator failed to detect pus in three different punctures; yet the knife *did* reveal pus to the amount of nearly two quarts. The patient died, however, of heart failure. The exploratory incision should have been made sooner.

In Dr. Beebe's case, would it not have been better if an exploratory incision had been made several years ago and the condition accurately diagnosed? The postmortem shows that the results would have been the same.

DR. BEEBE remarked, that we can not decide in regard to his case until the specimen has been carefully and thoroughly examined. He expressed decided objection to the remarks of the previous speaker with reference to the use of the aspirator needle for purpose of exploration as compared with abdominal incision. We can not agree with him, for there certainly can be no comparison. The aspirator can be used with impunity many times in the same individual, and has so been used in numerous cases. Abdominal section is always dangerous.

DR. G. S. MITCHELL inquired of Dr. Beebe what was the character of the stools.

DR. BEEBE replied that contrary to expectation the stools were normal in character. The question had occurred to him whether the bile did not reach the intestine in some other way.

DR. EDWIN RICKETTS reported a case in which the aspirator needle had been used to diagnose a case of enlargement of the liver, the object particularly being to determine whether or not an abscess existed. No pus was found. The speaker advocated the use of the knife, and by its use two quarts of pus were evacuated.

DR. G. S. MITCHELL replied that he did not think this case any argument against the use of the aspirator. Either

the aspirator was of no account, the needle was too small, or the doctor did not use it right.

DR. JAMES M. FRENCH said that he did not consider the specimen presented by Dr. Percival a rare one. From its appearance and history there could be no doubt that it was a sarcoma of the retroperitoneal lymph glands, a favorite place of development for this form of tumor. The grumous matter present in the center of the specimen was nothing more than partially disorganized blood. Sarcomata are always vascular and such internal accumulations of blood are not infrequent.

With reference to Dr. Beebe's case he remarked that from the history of the case, the marked emaciation which had been present, and above all the character of the fluid which had been withdrawn, he believed that at least part of the difficulty lay in some abnormal opening into the walls of the lacteal ducts which permitted the chyle to escape. He asked Dr. Beebe if such opening had been discovered.

DR. BEEBE replied that he had unintentionally omitted reference to this point in his report. The omentum was in such a diseased condition that it resembled a mass of strings rather than a membrane, and he did not doubt that there was escape of chyle from its vessels.

DR. FRENCH then narrated two instances in which he had been called upon to examine into cases of a similar character. The first case occurred in the practice of Dr. B. F. Miller. The patient, a female past middle life, single, had a small fistulous opening in the anterior abdominal wall, below and external to the umbilicus, which, at no time firmly closed, had for years periodically discharged a thick oily fluid which under the microscope resembled milk, but differed from it most noticeably in the fact that it remained for fully three months in his office without undergoing fermentation. The other case was one that occurred in the practice of Dr. A. E. Evans, who brought the speaker a specimen of urine for examination. It contained a large quantity of chyle, which preserved the urine

from decomposition for many weeks. The case was doubtless one of artificial chyluria. Emaciation was the most pronounced symptom of the case.

DR. PERCIVAL, in closing the discussion, said that if you take the history of all hepatic troubles you will rarely find a case in which a tumor had produced symptoms resembling so many different conditions as did this one. With regard to the use of the aspirator, it has been used with impunity in nearly all cases of abscess, for diagnosis, if not for evacuation. Bartholow states that he has seen cases of hepatic abscess in which improvement followed each puncture, even when only a hypodermic needle was employed. The speaker then reviewed briefly the prominent symptoms of the case which he had reported, and concluded by saying that if an exploratory incision had been made in this case, as one speaker thought would have been advisable, the result would have been that the wound would have been closed with little more understanding of the case than was had before the incision.

NEW METHOD OF EXAMINING NERVOUS TISSUES IN THE FRESH STATE.

Kronthal (*Neurologisches Centralblatt*, No. 2, 1890) has described a method for examining in a fresh state the microscopical characters of the central nervous system. A piece—about as big as a pin's head—of brain or spinal cord, as the case may be, should be taken quite fresh and placed upon the object-glass. It is then covered with a cover-glass and pressed out flat. A drop of a 0.5 per cent. solution of methyl blue is placed at the edge of the cover-glass, which is raised to let the stain run in. After from thirty seconds to a minute the superfluous stain is removed with blotting-paper. The cover-glass is then raised; the preparation is allowed to dry in the air. This takes five or ten minutes. A drop of Canada balsam is then added, and the preparation, ~~In other words, it is the depo-~~ is ready for examination.

—*British Med. Journal.*

THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of March 12, 1890.

The President, PETER D. KEYSER, M.D., in the Chair.

J. CHALMERS DA COSTA, M.D., read the following paper on

Urethral Fever.

For many centuries, and for various purposes, surgeons have subjected the urethra to mechanical injury. When we think of some of these purposes, of the instruments employed, of the operations done, we are not so much surprised as to what the urethra has not tolerated, as astounded in regard to what it has. Catheters, as is well known, have been in use much longer than bougies. Celsus used coarse tools of copper, the Arabians clumsy instruments of silver; Fabricius employed leather, Van Helmont an awful weapon of bone, and some other operators spiral springs covered with leather.

Bougies were apparently invented in the early part of the sixteenth century by Aldereto, of Salamanca. They were first made of cotton wicks dipped in wax, then of linen and wax, then of lead, and then the plaster instruments of Mayern came into use. Henry III. of France, it is interesting to note, gave considerable *éclat* to the use of the plaster instrument among the gentlemen of France, by returning from Poland, getting a Venetian clap, and having a subsequent gleet cured by a French plaster bougie.

When we think of some of these instruments it seems a wonder that anyone survived an attack of urinary retention or a stricture. Recall the terrible injuries inflicted by the operation for stone of Romanus and Sanctus (operation by the apparatus major). Call to mind the treatment of stricture by allowing bougies to ulcerate through it or by forcing them through, or by opening a passage with lunar caustic. Sir Everard Home followed this latter method. He tells of one man who had to be cauterized 1,258

times in fifteen years before an instrument would pass. This distinguished surgeon remarks, with apparent surprise, that he has seen people with constitutions so irritable that burning a stricture has been followed by rigors and violent fever, but the surprise is ours when he states that this has only been noted two or three times.

That mechanical injury of the urethra may be followed by positive and diverse symptoms has long been known. Among them we may mention vertigo, faintness, feeble pulse, profound shock, syncope, respiratory disturbances, profuse sweats, epileptiform seizures, vomiting, intense headache, high temperature, and even death. Banks, of Liverpool, had one death in a few minutes, and another in four hours. Sir Henry Thompson records the death in fifty hours of a man well used to instrumentation.

Many of these symptoms need no consideration here, for we are dealing with those, alone, or combined, which constitute urethral fever.

It is not uncommon to apply the term urethral fever to the most various conditions, and it seems certain that it has been positively assigned to the most different pathological states.

A great diversity of opinion exists among the leaders of surgical thought as to what this fever is, and what it springs from; and when we read their explanations we are almost forced to believe that the same name is given to different things, that unlike states have by different authors been taken as the type, and habitually argued on as if no other form existed. The combatants seem, like the knights of allegory, disputing with a shield between them, when a step forward would have displayed a truth and set contention at rest, proving each one right and each one wrong.

I will briefly exhibit a few of these opinions:

Mr. Reginald Harrison, late of Liverpool, now of London, considers urethral fever to be due to the absorption of urine or urinary constituents, by means of a urethral abrasion. This abrasion permits of the absorption of

alkaloids from the urine and tissues, or leukomaines, and the products of wound decomposition, ptomaines.

Mr. J. C. Ogilvie Will, surgeon to the Aberdeen Royal Infirmary, opposes the view that this condition is due to urinary absorption, and considers it purely a reflex neurosis. The fever, however, which occasionally follows the relief of retention of urine in cases of enlarged prostate, he believes to be a symptom of sepsis arising from the admission of the germs of decomposition.

Coulston tells us that it is due to reflex disturbance of the circulation of the kidney.

Sir Henry Thompson says it is a manifestation of profound reflex nervous disturbance.

Van Buren and Keyes decide for urinary absorption.

Sir Andrew Clark believes catheter fever to be primarily a nervous condition which subsequently may have sepsis added to it.

These citations sufficiently indicate the diversity of opinion which exists among the masters.

It is seen that three different views are held as to the cause:

1. Reflex circulatory disturbance in the kidneys.

2. Toxæmia.

3. Reflex nervous irritation.

Let us examine these views:

1. *That of disturbance of the kidney circulation.*—It has been constantly observed that after operations on the urethra there has been a marked diminution, or even suppression, of urine; that in fatal cases of urethral fever suppression of urine is very frequently found; that after relieving retention the same phenomenon is not unusually presented, and suppression is most usual when the kidneys are previously diseased: and so well known is the fact that Otiş and others caution us to always examine the urine before a urethral operation. Again, some gentlemen have made post-mortems in cases who died after urethral instrumentation, and found pronounced kidney congestion, and this alone.

That this condition does occur is un-

doubted, but that it causes urethral fever, or constitutes it, is very doubtful.

In the first place, these symptoms may not be present at all, showing that they are not essential.

In the second place, as Banks has shown, there is something besides suppression at work, even when death occurs. The symptoms are not those of uræmia, except as to suppression, and death occurs far more quickly than can be accounted for by retained urinary elements.

This condition, then, of kidney congestion arising from urethral irritation we would set aside as the essential element of urethral fever.

It may be present, it may be absent; it is rather, even when present, a part of the case, than the whole case.

2. *Toxæmia*.—This view is largely held, is expounded with great emphasis by Mr. Harrison, and we believe covers a vast majority of the cases.

Post-mortem examinations prove the existence of such a thing as septic urethral fever. Such examination has, in quite a number of cases, shown injury, abrasion, or laceration of the urethra, urethral abscess or sloughing, abscess of the prostate, suppurative phlebitis, and even metastatic abscesses.

This absorption may be sudden and rapid or gradual, may occur early in the case or after days, may be due to alkaloids which result from retrograde chemical changes in living cells, or to those which are the product of the microorganisms of putrefactive decomposition.

Mr. Harrison cites many facts to support the view of urinary absorption. He found that an internal urethrotomy, if associated with a median cystotomy and the use of a large tube, was rarely followed by anything but the slightest febrile reaction, and the better the drainage the less the fever. This distinguished surgeon says that when perfect drainage is unobtainable, he uses local and general means to keep the urine aseptic, experience proving that such action very effectually, in most cases, combats fever.

The rapid development of the symptoms, in some cases, has been urged

against the possibility of absorption, and it seems to me with considerable force; but then we must remember they are very rapid only in some cases.

Again, I am persuaded that the capacities of a urethra, even without an excoriation, for the rapid absorption of certain substances, has not been justly estimated. This is well seen in some reported cases of cocaine poisoning, in which, in periods varying from a few seconds to some minutes after a urethral injection of a solution of this drug, positive and characteristic symptoms announced its constitutional effects. An important confirmation of the urinary absorption view is given by the observation that the chill and fever, as a rule, follows the first act of micturition after the operation, well fitting in with the statement that, if the urine is drained through the peritoneum, the chill and fever are apt to be absent.

Harrison also shows us that, if we make many attempts to pass a stricture with an instrument in cases of urinary retention, and succeed in opening the channel, fever is almost certain to occur, but if we fail, and leaving the channel closed, aspirate, fever does not occur.

An argument urged against this view is the statement that experiment shows normal urine when absorbed by tissues causes no harm.

It is true that normal urine thrown under the skin of an animal will be apt to be absorbed without bad result, but the absorption takes place before any change in urine results. In the urethra, when the mucous membrane is abraded, the urine (it may be in minute quantity) lodges in the pocket, and, at the body heat, along with blood and mucus and tissue debris, decomposes and is absorbed. If the urine be sterilized its retention does not cause fever. It seems positively proved that absorption is a usual cause of urethral fever. Believing this, the surgeon should take all just precautions.

As to the advisability of combining cystotomy with internal urethrotomy, I must solicit the views of those more experienced than myself.

In the usual run of urethral cases, protect the patient in two ways: See

that the urine is aseptic, by injecting along the urethra and into the bladder HgCl_2 , 1:5000, or solution of boric acid, and by giving quinine internally, which drug is eliminated by the urine. I would ask the advisability of drawing the urine for the first few hours after a severe urethral operation with a rubber catheter, or after micturition, at once injecting, in spite of pain, some antiseptic fluid. We thus guard him from within.

Guard him also from without. See that the instrument is aseptic and not greased with old septic animal or vegetable oils. For the past few weeks I have been using a preparation known as lucent glycoline, or mineral glycerine, a pure hydrocarbon, which is an excellent lubricant, and is claimed to be aseptic. Prof. Keen, of the Jefferson College, is giving it a trial, and we may soon expect a positive determination of its merits.

3. *Supposed Cause.*—Profound reflex nervous disturbance. That irritation of the urethra is capable of producing profound reflex disturbances is certain. Weaknesses, exhaustion, cold sweats or syncope, are common, and were long alluded to as frequent, by Hunter and Abernethy. Irritations of the region in the neighborhood of the urethra are likewise productive of reflex disturbances, as seen by the consequences of many anal and rectal operations. The urethra is a most highly sensitive region, and, during anæsthesia, retains its sensibility longer than the conjunctiva. It has a great nervous supply coming from the sacral plexus and splanchnic nerves. Dr. Belfield made a valuable series of investigations upon curarized dogs. He proved that an irritation of the domain of these nerves, not severe enough to wound, caused an enormous fall of blood pressure and great cardiac weakness, but that if the splanchnic or sacral nerves were first divided, no such effect was observed. He proved by a most ingenious apparatus that instrumentation in man produced a like fall of blood pressure and a like degree of cardiac weakness.

The great reflex excitability of this region, the observation that urethral

fever is rarer when cocaine or ether are employed, that it often arises with almost explosive suddenness, that the symptom may be of very transient duration, may come on before the passage of urine; that it may exist when drainage is perfect, and is more common in neurotic subjects, has led many surgeons to advocate the nervous view of neurotic fever.

We can conceive of a peripheral irritation affecting the heat centre (whose existence is so brilliantly indicated in Prof. Horatio Wood's experiments in making a study of fever).

Prof. Wood states that many febrile states (as the irritative fevers) are apparently due to peripheral irritations. This distinguished observer then shows that most supposed reflex fevers are due to a toxæmia; he is not certain, however, that all are. He says:

"The history of cases of febrile reactions during teeth-cutting, and the relief afforded by relieving the tension of the gums; the fugitive fevers seen in childhood as the product of gastrointestinal irritation; the various trifling febrile reactions of ordinary life, seem, however, to indicate a cause more trifling than blood poisoning, and to point to direct peripheral nerve irritations as provocative of febrile reactions."

It seems highly probable that the reflex effect of urethral irritation is in some cases the cause of the fever.

To sum up the conclusions of this paper:

1. That the existence of a toxæmic urethral fever is positively proved.
2. That circulatory disturbance in the kidney is not the cause, though it may exist and play a great part in the case.
3. The existence of a reflex form is in the highest degree probable.

In conclusion, it seems likely that both forms could exist in the same subject, having first exhaustion from shock, and then a chill and fever from reflex irritation; then continued high temperature, which may be preceded by another chill or chills, from sepsis.

DISCUSSION.

DR. JOHN B. DEEVER: I believe that so-called urethral fever is nothing more

than a septic fever. I believe, again, that where all antiseptic precautions are observed it will not be met with. In the Philadelphia Hospital, where I do many internal urethrotomies, I never have urethral fever. I prepare my patients by the administration of boric acid for four or five days prior to operation, the object being to render the urine aseptic. Evidence of renal trouble is a contra-indication for the operation, unless there are obstructive symptoms. In these cases the urethra is syringed with a 1:15,000 solution of corrosive sublimate, two or three times a day for three or four days before operation.

Drainage is an important point. After disturbing the muscular fibres of the urethra we interfere with its contractile power. This may rapidly undergo decomposition and absorption, with the production of urethral fever. It is my practice after dilating, internal urethrotomy, and even after rapid divulsion, an operation which I do not practise except under exceptional circumstances, to pass a full-sized soft catheter into the bladder, and allow it to remain twenty-four hours. In some twenty-five or thirty dilateral urethrotomies recently done at the Philadelphia Hospital, there has not been one case showing evidences of septic fever, nor has there been a chill.

In all cases of rapid dilatation and in endoscopic examinations I use anæsthesia by cocaine. Two or three cases of supposed cocaine poisoning have been reported, but I do not think that the effects were due to cocaine. The solution I use is from four per cent. to ten per cent. I have never seen any ill effects. E. Hurry Fenwick, who uses a solution as strong as twenty per cent. in thousands of cases, has seen no bad effects from the drug.

DR. G. G. DAVIS: Last summer I saw a case in which internal urethrotomy had been done before he came to me. The patient stated that the passage of a sound invariably gave rise to a chill followed by high fever. I simply gave from one to two drachms of paregoric and five grains of quinine prior to the passage of the instrument, and was then able to pass the instrument

without causing any unpleasant effects. While it is possible that the fever in that case was due to septic processes, yet from its immediate occurrence and short duration one would think that it was, at least in part, due to nervous influences.

DR. J. M. BALDY: I have seen a good deal of urethral fever, but I do not believe that it is always septic. I do not mean to say that sepsis is not a potent factor, but that there are other causes than sepsis. Dr. Deaver's experience is, I think, exceptional. It appears so suddenly at times that it can be of nothing but nervous origin.

I think that a great deal of nonsense is written about poisoning by the local use of cocaine. I have known of cases where a ten per cent. solution of cocaine has been used four times a day for ten days in the urethra and in the nasal cavities without any bad effect. Surely the cases poisoned by the drug have an idiosyncrasy for it, and are the exceptions.

DR. S. SOLIS COHEN: One positive instance outweighs many negative ones. Dr. DaCosta has himself reported cases of cocaine poisoning. I have seen alarming symptoms from the local application of cocaine to the nose. I have seen a strong man fall down, as though struck a blow upon the head, from the application of a six or seven per cent. solution to the larynx. I make it a rule to test the susceptibility of the patient by the use of weak solutions before resorting to stronger ones.

DR. DACOSTA: I feel firmly persuaded that there is such a thing as cocaine poisoning. In regard to the case mentioned by Dr. Davis, we cannot say that it was not septic. Dr. Davis administered paregoric and quinine. Quinine is supposed to owe part of its value to the fact that it is excreted by the urine and thus has a local effect. In regard to the sudden onset being against the idea of sepsis, I am not sure that this would hold. This is supposed to be an alkaloidal absorption, and this may be very rapid. I, however, believe that some cases are due to reflex irritation.

Translations.

A NEW METHOD OF TREATMENT OF CROUP BY INTUBATION OF THE LARYNX.⁽¹⁾

BY

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TRANSLATED BY T. C. M.

It is seldom that a good idea remains entirely sterile and that other occasions do not arise to extend its application in order to complete the full degree of its usefulness. It is thus that inventions succeed inventions, and that small improvements perfect and facilitate progress. The laryngeal tube of Chaussier has been replaced by the tube of M. Depaul or by the sound of Loiseau, and we have seen the ring invented by the latter take the place of the Dreffebach instrument.

To-day, after all the attempts made at curing croup by laryngeal catheterism or by tracheotomy, I desire to submit to the Academy's inspection a new method, the tubing of the glottis through the mouth, without harm or effusion of blood—a method destined to fill all indications against the same dangerous maladies. Meantime, I shall not permit myself to judge of the method nor found upon it any wild clinical hopes. At the beginning of therapeutic innovations, it is necessary to rely on the facts observed and recorded from time to time, in order to draw favorable or unfavorable conclusions only from a large number of observations. For the time being, then, I only bring to the Academy an idea that I think will be susceptible of rendering true service in medical practice. My method is to place tubes to remain as dilators of the glottis at the moment of asphyxia in membranous croup in such a way that tracheotomy—that difficult and dangerous operation, with a mortality

of eighty or ninety per hundred patients—may be avoided.

Twice already, at the "Hôpital Saint Eugénie," in the presence of my colleagues, Drs. Empis, Crequy, Paris, Maugin, Beaumetz and Nivert, *internes* at the hospital, I have performed intubation of the glottis in cases of croup characterized by false membranes, and I desire to record these cases in all their details. Every one can then judge them with a perfect knowledge of the procedure, and if the cases be multiplied we shall soon know what importance may be attached to the practice.

Before reading my observations, the Academy, I trust, will permit me to indulge in a few remarks on the form of the instruments I have used.

My instruments are:

1. Curved male sounds of different sizes open at both ends, made to penetrate the larynx and serving as guides to rings of particular design.
2. Silver rings of cylindrical form, right angled, one centimetre and a half to two centimetres in length, furnished with ridges at the superior extremity, and eyelets through which may be passed a silk thread destined to be fastened externally.
3. A protecting ring for the index finger, which serves also to dilate the dental arcade.

Provided with these instruments, I first experimented on the cadaver before using them on the living, in order to convince myself with what ease the operation could be performed. My colleagues and the hospital pupils were able, by carrying the finger down to the epiglottis, to introduce a ring into the larynx, and were also able to discover that this ring could only be removed with some difficulty after being properly placed. We found:

1. That the ring entirely disappeared in the larynx.
2. That its upper border was below the superior vocal chord in the ventricles of the larynx, and that the movements of the epiglottis and arytenoid cartilages were not prevented.

3. That the inferior vocal chord was placed between the two ridges of the canula, consequently above the lower

¹ This article was left with the Academy of Sciences, under seal, on the 6th of September, 1858, and may be found in print in the *Gazette des Hôpitaux* of September 21, 1858.

ridge corresponding to the internal face of the cricoid cartilage.

This being done, Dr. Empis and I concluded to embrace the first opportunity that presented itself, and to employ the *tubage of the glottis*. We had not long to wait, for a frightful epidemic of malignant angina and membranous croup prevailed in Paris at the time. Fifteen cases of croup had entered the hospital in August, all of which died, and we had more new cases than we desired. The day following our experiments on the cadaver, a little girl entered the institution attacked by diphtheria and croup in the stage of asphyxia, and I tubed the larynx through the mouth with the instrument which you see, thinking that the operation would not compromise the case, as, if the asphyxia continued, there would be plenty of time to open passage for air by means of tracheotomy.

The canula remained in place for thirty-six hours without producing suffocation or interference with the functions of the glottis, and all the phenomena of asphyxia, such as cyanosis, suffocation and anæsthesia, ceased, with a renewal of easy respiration, normal sensibility, and a natural rosy tint to the skin. The larynx, so to speak, was relieved from the accumulation of false membranes, but, unfortunately, diphtheria also existed in the nose and ears and upon a blistered surface on the child's arm. The diphtheritic poisoning increased rapidly, which, joined to a right lobular pneumonia developed the night following the intubation of the glottis, occasioned death. The croup was cured, for the application of the canula had produced the effect desired, *i.e.*, it prevented asphyxia and thus avoided the necessity of such a grave operation as tracheotomy.

In a second case the patient was a boy, aged three and one-half years, affected by malignant angina and croup, with commencing asphyxia. The respiration was rough, puffing, dry; the cough weak and hoarse; the voice almost lost; the face, while animated, was red, congested; the sensibility was very great; much nervous agitation, but no real attack of suffocation.

I tubed the larynx and very easily placed the ring in the glottis on the second attempt in less than three minutes of time. There was no suffocation and the infant soon spoke in as strong a voice as before the intubation; it could also drink without affecting the air-passages. False membranes came through the tube, one of very large diameter arising from the trachea and bronchi; such membranes came through the tube placed in the glottis, and the efforts at coughing did not displace the instrument, which remained in place for forty hours without becoming obstructed, and the tube was only changed once at the time of a visit. At the end of a short time the attacks of suffocation and asphyxia, retarded for two days by the application of the canula, reappeared. I was absent; but Drs. Crequy, Maugin, Beaumetz and Nivert, *internes* of the hospitals, consulted, and concluded, as I had declared in the morning after the signs furnished by auscultation, that there were false membranes in the bronchi, and consequently a considerable obstacle below the glottis. Therefore, regarding death as imminent, although there was as yet no anæsthesia, tracheotomy was performed. Through the opening made a small false bronchial membrane, much smaller than those expelled through the tube, was expelled; and my young friends were able to determine that my canula, not yet obstructed, was in its place in the glottis, supported by the inferior vocal chord.

Here are these two cases reported with full details, hour by hour, so as to show the successions of morbid phenomena and the effects of *intubation of the glottis* applied to the treatment of croup. As I had the honor of saying at the commencement of this paper, do not judge too quickly; but I shall give the histories, and I think that, perhaps, struck by such an easy and simple procedure as this new operation, you will listen to the more minute details in all kindness and with interest.

[Here follow the minute details in each case, which are omitted in the translation.]

There are several things to remark as to these observations. We see with what facility the intubation of the larynx can be made, and the complete absence of suffocation after the tube has been placed in location. The functions of the epiglottis are not interfered with, while the infant can speak louder and cough better than before the operation.

I think I have fully established the following facts:

1. The ease with which intubation of the glottis, by means of a canula affixed to the inferior vocal chords, may be performed and the functions of the glottis left unimpaired.

2. The tolerance with which the cylindrical ring or tube may be endured.

3. The possibility of remedying the asphyxia of croup and the diseases of the larynx by this method in preference to tracheotomy.

4. The ease with which large concretions of pseudo-membranous character formed in the wind-pipe and bronchial tubes may be expelled through this intra-glottic tube.

5. The usefulness of this new remedy for physicians who, in small localities, far from surgical aid or succor, can employ such a simple method above all others.

RADICAL CURE OF VARICOSE VEINS BY MULTIPLE LIGATION.

Dr. Phelps applies subcutaneously a large number of ligations to a single vein, by means of a Keyes-Reverdin needle. The operation is indicated in the following cases:

1. When this condition constitutes disability in physical examination—as for admission to the army or navy, or for appointment in a municipal department.

2. When the size of the veins, the formation of venous tumors, or the attenuation of the coats or tegumentary covering threaten hemorrhage.

3. When chronic ulceration or eczema exists.

4. When the circulation has been so far impaired as to occasion swelling of the feet or loss of power in the limb.—*N. Y. Med. Journal.*

Selections.

SYRINGOMYELIA.

It is but a few years since syringomyelia was looked upon as merely a curiosity of morbid anatomy, but recent investigation has lifted from it the veil of obscurity, and it may now be regarded as a disease having a definite pathology and a sufficiently positive symptomatology to render its diagnosis comparatively certain in most cases.

Our knowledge of it comes chiefly from France and Germany. It was not, indeed, until two years ago, that the first complete study of the subject and review of its literature appeared in this country, in connection with a report of several cases, contributed by M. Allen Starr to the *American Journal of the Medical Sciences*. More recent contributions are those of Charcot, in the *Bulletin Médical*, Bruhl, in the *Archives de Medicine*, and Ira Van Gieson, in his Cartwright prize essay for 1889. Several other articles have also appeared.

The essential feature in the pathology of syringomyelia is not simply the existence of an abnormal cavity in the spinal marrow, as the name implies, but the presence of a gliomatous growth (glio-sarcoma), through the disintegrating action of which a cavity is formed. An abnormally large central canal (hydromyelia) is not infrequently met with as a result, either of original defect or of subsequent dilatation. It is highly probable that some of the cases of syringomyelia that have been reported were of this character, especially those cases in which no symptoms of spinal disease were observed, the disease being discovered post-mortem. Van Gieson adheres to the view that at least "some cases of syringomyelia are cases of congenital tubular defects in the cord, producing no symptoms until a gliomatous hyperplasia of their walls, or a tumor arising in the wall becomes large enough to injure the cord."

The symptoms of syringomyelia are produced for the most part by the direct extension of the new growth into the spinal marrow, particularly into the

gray matter, but may arise in part also from œdema of surrounding parts, or from pressure upon them. There is usually complete destruction of the gray commissure, along with a greater or less portion of the posterior horns; and the neoplastic tissue frequently extends through the lateral columns to the anterior horns. The most frequent seat of the glioma is the cervico-brachial enlargement of the cord; it may reach up to the bulbar origin of the fifth pair of nerves, or it may be situated much lower. Sometimes the entire length of the cord is invaded, sometimes only a comparatively small segment of it is involved. The central canal is, however, usually dilated throughout the greater part of the cord. The symptoms vary greatly in different cases, but correspond in their location to the parts whose spinal nerve centres lie in the part of the cord that is in the seat of disease.

In character, the symptoms are sensory, motor, vaso-motor and trophic. The distinguishing feature of the sensory disturbances is the fact, that sensation is not affected in all of its departments, but there is what may be called a dissociation of sensation. A diminution of the sensibility to temperature, or an entire absence of it, appears, as a rule, to be the first manifestation of the disease. The thermo-anæsthesia is distributed to zones corresponding in location to the region of the cord in which the posterior gray matter is affected. It is, however, seldom recognized until sought for; or is discovered accidentally upon the receipt of a severe burn without pain. Analgesia is usually present in these zones, but hyperæsthesia has been observed. The special senses remain intact. The muscular sense and tactile sense generally remain normal, but may be to a variable degree obtunded. Charcot has observed but one instance in which this peculiar dissociation of sensation was exhibited, an anomalous case of hysteria in the male. The muscular and tactile sense are affected only when, as a result of the direct action of the glioma, or œdema, or pressure, the integrity of the posterior white columns is disturbed.

Motor disturbances are frequent, not

constant; they are various, and not characteristic. That most commonly observed is a paresis of one or both of the lower extremities, or of only certain muscles. At first unilateral, it generally becomes bilateral and commonly extends to the trunk. It is sometimes attended by a reaction of degeneration in the parietic muscles (Starr).

Muscular atrophy is one of the most constant and characteristic symptoms of the disease, next to the sensory disturbances already referred to, and is regarded by Charcot a trophic disturbance. The atrophy commonly begins in the upper extremities, but shows a tendency to become generalized. It produces a clawing of the hand (*main en griffe*), closely resembling that of progressive muscular atrophy. It is highly probable, indeed, that many cases of syringomyelia have been mistaken for this disease. Trophic and vaso-motor disturbances are also seen in the skin, in the subcutaneous cellular tissue, and in the osseous system. The skin is the seat of herpetic eruptions, eczemas, urticaria, bullous or phlyctenular eruptions, and there is sometimes a decided thickening of the epidermis of the extremities; the nails may also be affected in a manner resembling a painless whitlow. In the osseous system we meet with frequent arthritis, hyperostosis and fragility of the bones.

More remote accessory symptoms, depending upon the outward extension of the disease or pressure, are ataxic manifestations, spasms, contractures, or bulbar disorders.

The exact course of the disease cannot yet be mapped out, owing to the fact that thorough and accurate observations of cases have been so few. Its duration is variable; it is usually prolonged; at times its progress is very slow; it may even remain for years stationary; but as a rule, at no very remote time from its inception, the patient becomes bed-ridden and helpless, bed-sores develop, and finally death ensues from asthenia. Occasionally the death is sudden.

Bearing in mind these data, the diagnosis should not be a very great difficulty. The disease is confounded for

the most part with progressive muscular atrophy, amyotrophic lateral sclerosis, multiple sclerosis, tabes, hypertrophic pachymeningitis, multiple neuritis and tumors situated outside the membranes. All these affections have certain features common to it, but as is emphasized by Charcot, none of them possess to any marked degree the dissociation of sensation which is so pronounced in syringomyelia.

—*Four. Amer. Med. Assn.*

NEPHRO-LITHOTOMY.

In a paper read at Albany, at the meeting of the Medical Society of the State of New York, Dr. E. L. Keyes, of New York, reported six cases of renal surgery in his own practice, including one remarkable instance of successful nephro-lithotomy, in which a large and much branched phosphatic calculus was removed from the left kidney. In his comments on these cases, Dr. Keyes holds that nephro-lithotomy, when performed in the lumbar region, is not such a serious operation as is generally considered. In six cases in which this surgeon has thus explored the kidney for stone, the patients did perfectly well, and made prompt recoveries as far as the operation itself was concerned. With regard to the anterior and abdominal operation performed and advocated by Mr. Knowsley Thornton, it is held by Dr. Keyes that though much may be said in favor of this method by those who are very familiar with peritoneal surgery and antiseptic abdominal exploration, still, an extra element of work is inflicted upon the patient by opening the peritoneum, and the operation is not generally necessary or justifiable. The author sums up with the following conclusions: "(1) The posterior exploratory incision upon a kidney suspected to contain stone is devoid of any serious danger when performed with proper care, and should be resorted to more frequently than is at this date sanctioned by general surgical opinion. (2) The best incision is the transverse one, below the twelfth rib, with as much of a liberating incision downward along the line of the edge of the quad-

ratus as may be required to gain further space. (3) The kidney may be freely incised, and rudely lacerated with the finger, when the stone needs it, without producing any hemorrhage which hot irrigation will not control. (4) It is better, in the case of a large branching calculus, to break it up and extract it in fragments, rather than to attempt to remove it entire. (5) So little danger attends the posterior incision, that it seems wiser to make it always the first step, reserving peritoneal exploration for a later resource in cases in which the posterior exploration has miscarried."

—*London Med. Recorder.*

NEW TREATMENT OF CHLOROSIS.

Duclos (*La Clinique, Four. de Méd. de Paris*) regards chlorosis as an auto-infection of fæcal origin, caused by the constipation always present in true chlorosis. Chlorosis without constipation is, says the author, false chlorosis or rather anæmia symptomatic of some other affection.

Accordingly, chlorosis should be treated by laxatives, until all the hardened and decomposed fæces which so frequently lodge in the colon have been cleared away.

The diet should be more vegetable than animal, because the latter is prone to give rise to ammoniacal products.

In some cases, constipation is not a prominent symptom, and the disease appears to be due to very active putrid decomposition. Here, evacuants are nevertheless indicated, but they must be supplemented by antifermentatives, such as bicarbonate of soda, carbonate of calceine, magnesia and charcoal. Iron will also be found useful, not because it restores to the blood an ingredient in which the latter is deficient, but because it will form sulphate of iron, by uniting with the sulphuric acid which it meets in the intestines.

Hyposulphite of soda has been used successfully with a view to arrest the fermentation in the alimentary tract. Naphthol no doubt will be found equally useful.

Chlorosis often roves rebellious to

treatment by ferruginous preparations. Perhaps the evacuant and antiseptic method of treatment will be more efficacious.

More extensive researches on this subject are, however, very desirable.

—*Weekly Med. Review.*

TYPHOID FEVER IN CHILDREN.

The treatment adopted in all my cases is limited to the attainment of two objects, viz., to keep the fever within the safety limit if possible, and to support the strength of the patient. As long as the temperature is kept under 103° F., little medication is used; if it went beyond this point febrifuges were given *p. r. n.* Antifebrin and antipyrin are used to some extent, but my chief reliance has been on the cool sponging of the surface of the body with water at about 85° to 90° F. To the water a little bay rum or alcohol is added. The sponging process is repeated every second or third hour. In the very high temperatures, 105° F. and over, the antifebrin and antipyrin are very satisfactory in their action. Stimulants are used in all my cases, generally commencing at the beginning of the third week, and in some cases earlier. As is well known, their employment demands close watching, and they should not be given too early. Opiates and astringents are not used. Milk is the principal article of diet in every case, and, indeed, the only one for the first two weeks of the fever. To this is added the beef peptonoids, meat juice, and beaten egg from time to time, and gradually farinaceous foods.

In conclusion, I present the following points, which seem to be established from my cases:

1. Typhoid fever attacks young children about one-third or one-fourth as often as it does adults.
2. As far as is known, it attacks boys more frequently than girls.
3. The prognosis is better in young children than in grown people, the percentage of deaths being from two to six in the hundred, while in the adult the death-rate is from eight to twenty per cent., according to the authority

quoted, differing in different places and in epidemics. Murchison, of London, whose fever reports are probably the most extensive, gives the mortality in the London hospitals through a series of years at 15.6 per cent. Hutchinson, quoted from Pepper's System of Medicine, gives the mortality at the Pennsylvania Hospital during a period of twenty years as 19.5 per cent. Liebermeister states the mortality at Basle through a long period to have been from 27.3 to 8.2 per cent., the difference being due to the treatment.

4. The treatment best adapted for typhoid fever in children is that which keeps the temperature within reasonable limits without attempting to force it down too far, and supports the strength of the patient until the disease has spent and the fever has left. Any procedure which has neither of these two objects in view is unnecessary and harmful, and it is far better not to treat the disease at all than to treat it too much. The more powerful depressants, aconite, veratrum viride, gelsemium, etc., are contra-indicated. The ordinary diffusive stimulants, ammonia, nitrous ether, etc., and the usual heart tonics, quinine, digitalis, etc., are not needed, and therefore may do harm. The best febrifuge is the cool sponging with water at 85° to 90°, assisted, when the fever rises to 104°, by the antipyrin or phenacetine. Alcohol, in some of its various forms, is the best stimulant. Milk is the best diet.

—READ, *Brooklyn Med. Journal.*

ERYSIPELAS AS A REMEDY FOR DIPHTHERIA.

A Russian practitioner has recently published the results of some very original and bold experiments, which he has carried out on a method of treating diphtheria. His son had the misfortune to contract diphtheria in a very serious form, and his death appeared imminent. At this critical moment erysipelas declared itself, and, contrary to their expectations, instead of giving the prostrated patient his *coup de grâce*, the appearance of the erysipelatous eruption was followed in the course of a few

hours by a marked and persistent improvement in the condition, and the patient shortly afterward became convalescent. This observation impressed the father, and induced him to inoculate his next bad case of diphtheria with the virus of erysipelas. He did this, as he admits; with fear and trembling, but the result was so successful that he did not hesitate subsequently to resort to the plan on a comparatively large scale. In the course of a few months he inoculated no less than fourteen persons suffering from diphtheria with a cultivation of the microbe of erysipelas. Twelve of these were saved, and in the two fatal cases the inoculations had failed, so that the author professes to have derived as much confirmation and encouragement from these two cases as failures, as from the twelve successful cases. His last feat was on five out of six children belonging to the same family, all of whom had contracted diphtheria. All the inoculated infants escaped, the only one fatal case being the one who was not treated in the same way. This is not one of those methods of treatment of which it may be said that if they do no good they can at any rate do no harm, and few medical men would hasten to have recourse to such heroic measures even on the authority of an unknown Russian practitioner. It should be noted that in all the cases the inoculation only gives rise to moderate symptoms, and in no case did the erysipelas give rise to any anxiety. Possibly, however, our Russian *confrères* are not so accessible to "anxiety" as our less apathetic selves.

—*Med. Press and Circular.*

"COLLES' LAW."

One of the most important of all pathological facts is the transmission of syphilis from father to child without infection of the mother. Many men aware of this fact, and already victims of syphilis, hesitate to marry, almost on account of their future offspring rather than their future wives. The extinction of the syphilitic virus in well-fed patients is one reason why the disease is not often seen in its hereditary

form in children among the prosperous classes of society, as Paget has had occasion to observe. The immunity of the mother is a question which deserves the closest investigation. According to a well-known law first laid down by Colles, and afterwards confirmed by Baumès, a mother who suckles her syphilitic child never thereby acquires syphilis. Diday, Jonathan Hutchinson, and others have established this law; and the exceptions are so few as almost to prove the rule, if not themselves "suspect." Dr. L. Merz has published notes of two exceptions in the *Archives de Tocologie* for January. He notes two cases where the law was strikingly confirmed. In one, the child of a syphilitic father was suckled for three months by its mother. As it then was covered with a specific eruption, the mother, believing her milk to be bad, employed a wet nurse. The latter became infected within six weeks, an indurated chancre appearing on one nipple. The mother remained healthy.

The first exception to Colles' law was noted by Tommasi-Crudeli in the *Istituzioni di Anatomia Patologica*, Turin, 1882.

In the second case, under the observation of Dr. L. Merz himself, the father was clearly syphilitic, and the mother free from venereal disease when a child was born. She suckled her infant, which soon showed unmistakable signs of congenital syphilis, mucous patches appearing on the lips. The mother as well as the child was submitted to specific treatment. Nevertheless a chancre formed on a fissure in the left nipple, and it was followed by roseola, mucous patches on the buccal mucous membrane, and alopecia. The supply of milk did not fail, and the mother was able to suckle the child. Both made a good recovery. Dr. Merz attempts to explain Colles' law and its exceptions. The law, he believes, is based on the fact that the mother is generally inoculated by her unborn child. The degree of inoculation may, however, vary.

In most cases it is subtle, yet so thorough as to guarantee the mother both against that severe yet chronic train of symptoms which constitute

syphilis, and against infection through her child at the breast. In some cases it is sufficiently severe to infect the mother during pregnancy, as has been repeatedly observed. Lastly, the infection, instead of being severe or medium, may be insufficient. The mother is not protected against infection during lactation. This would account for such cases as that reported by Dr. Merz. Immunity through soundness of the nipple or healthiness of the infant's mouth could never explain Colles' law; for sore nipple is a very common disorder, the mouth is very often attacked in congenital syphilis, and in cases where the law is proven it is the nipple of the wet nurse that is usually the seat of the chancre.—*British Med. Journal*.

CAMPHO-PHENIQUE VERSUS IODOFORM.

Prof. A. C. Bernays, in an article upon this subject in the *Medical Mirror*, writes as follows:

It was my custom for several months to treat all wounds with a superficial dressing of iodoform either in the form of a powder dusted thereon or a coat of the ethereal solution. This practice is the one which, I think, should be given up, and be supplanted by the campho-phénique dressing. I unhesitatingly recommend the use of campho-phénique as a finishing dressing over all sutured wounds. The best way to employ it is to saturate some layers of gauze with the pure campho-phénique and accurately cover the incision with it. During the operation carbolic acid, bichloride of mercury, boric acid, salicylic acid or any of the usual dilute solutions may have been used to wash and irrigate the wound. As a final dressing, however, one which can be left alone longer than any other known to me, possessing more powerful germicidal qualities which are not readily lost by evaporation, the gauze or cotton or lint moistened with campho-phénique is superior to anything I have ever tried.

It is non-irritant, in fact causes decided anæsthesia of the skin, is powerfully antiseptic, will not dry rapidly and adhere to the skin.

Since campho-phénique is not miscible with water, it must be used pure or mixed with oil. I have generally used it in its pure state, but have often for purposes of drainage used the wick saturated with campho-phénique and oil, equal parts.

I have used campho-phénique in the manner described only, and desire to emphasize this point. Over the campho-phénique which lies next to the skin any kind of antiseptic gauze, cotton and bandages that may suit the wants of the case may be applied and the dressing may be left untouched, *ceteris paribus*, longer than any other I have ever tried.

THE ENLARGEMENT OF THE PROSTATE GLAND.

In a third paper on this subject in the last number of the *Journal of Anatomy and Physiology*, Mr. Griffiths, the assistant to the Professor of Surgery at Cambridge, arrives at the following conclusions:

1. That enlargement or hypertrophy of the prostate gland results from a growth of the gland tubules with their associated muscle, so as to form new gland substance, closely resembling in its structure the normal gland. This constitutes the first or glandular stage.
2. That after a variable time degenerative changes set in, which ultimately convert the new tissue into a mass of more or less dense, fibrous, connective tissue, containing only the atrophied remains of the glandular and muscular elements. This constitutes the second or fibrous stage.
3. That no enlargement takes place behind the urethra except when glandular substance exists behind and above the level of the vera montanum in the situation of the "third" or median lobe.
4. That the so-called "tumors" are not in reality tumors, but merely pronounced localized enlargements of the gland, which pass through the same stages as the gland when enlarged as a whole.
5. That the true muscular tumors (myomata) do sometimes, though rarely, arise in the substance of the pro-

tate gland, but that they are pathologically different from the ordinary local or general enlargement of the gland.

—*Lancet*, Feb. 15, 1890.

THE TREATMENT OF CICATRICIAL AND CANCEROUS STRICTURES OF THE ŒSOPHAGUS.

Dr. Le Fort (*Bullet. Général de Thérapeutique*, Jan. 15, 1890) concludes that in cancerous stricture of the œsophagus the mortality from gastrostomy is enormous (72 in 100 at least), and that the average life duration of those who survive the operation is not more than two or three months. He thinks, therefore, that continuous dilation should always be attempted in these cases. Gastrostomy is only indicated where dilatation cannot be employed, or where it is impossible to feed the patient, or where the patient, having retained his strength and reason, is in fear of death from starvation. In cicatricial contractions dilatation by sounds, commencing with one of fine calibre, should be practiced with energy and perseverance, the more so since even after gastrostomy it is necessary to resort to dilatation of the stricture with sounds. In either class of cases Dr. Le Fort refuses to regard gastrostomy as the regular mode of treatment in œsophageal strictures.

—*International Jour. of Surgery*.

HEART-FAILURE CELLS.

In a recent article in the *Deutsches Archiv für klin. Med.* (October, 1889), Professor Hoffmann calls attention to the significance, from a clinical standpoint, of certain cells, to which he has given the above name, occurring in the sputum in cases of mitral disease, myocarditis, and pericarditis. These cells are distinguished by their size, more or less oval form, and beautiful balloon-shaped nucleus, but more especially by containing yellow, yellowish-brown, or even black pigment. They resemble in all points the desquamated epithelium of the alveoli, and are characterized by their pigment shading yellow to brown. Hoffmann regards the "heart-failure cells" as desquamated alveolar epithelium, and considers their presence in the expectoration as a sign that brown induration of the lung is present. Professor Sommerhardt refers their origin to proliferation of alveolar epithelial cells, which swell up and absorb the red blood-corpuscles extravasated into the lumen of the alveoli, becoming ultimately pigmented by the alteration of the corpuscular coloring matter. Hoffmann maintains, however, that in the lung in heart-failure these cells are derived from those under the epithelial covering, and obtain their pigment partly by diapedesis, partly by capillary hemorrhages into the lung-tissue.

—*N. Y. Med. Record*.

MOSS DRESSINGS.

Dr. Kronacher, of Munich, (*Münchener Medicin. Wochenschr.*, Feb. 11, 1890) has experimented with various dressings and obtained the best results from a combination of moss and cotton wool, which he has employed with success in his practice during the last nine months. He states that it forms a clean, light, elastic dressing, adapting itself readily to the contours of the body, and possessing high absorbent powers. The moss is impregnated with carbolic acid or corrosive sublimate and applied directly to the wound, or a layer of antiseptic gauze is interposed. The author recommends the addition of sodium chloride to sublimate solutions, as it greatly enhances their antiseptic powers. He has little confidence in sterilizing methods, and thinks that an antiseptic dressing is a much better protection against infection than an aseptic one.

—*International Jour. Surgery*.

TOPICAL APPLICATION TO THE UPPER AIR PASSAGES.

Dr. Foster states that the treatment of chronic diseases of the upper air passages should be directed by two principles: (1) By taking cognizance of cutaneous nerves, associated in the causation and perpetuation of inflammation of mucous membranes, and (2) local disinfection. Hyperæmia of the upper

air passages, the result of hyperæsthesia, is greatly benefited by the local use of anodynes. A sluggish capillary circulation is benefited by stimulant applications, and mild escharotics are valuable in promoting the healing of abrasions and ulcers. The treatment of catarrhal affections consists largely in the treatment of nasal passages, and this involves the restoration of these passages to a normal condition, by the removal of obstructing bone and cartilage, reducing hypertrophied membrane, and correcting hyperæmia or other morbid conditions, by the lance, saw, knife, cautery, or escharotics. The cautery stands at the head for removing these obstructions. The object to be accomplished by the use of the cautery is not the destruction of tissue, but to restore the inflamed mucous membrane to a healthy condition.

—*London Med. Recorder.*

COMPENSATORY HYPERTROPHY OF THE SEXUAL GLANDS.

Dr. Ribbert has tried to decide whether there is a compensatory hypertrophy of the sexual glands analogous to that of the muscles and the kidneys. In a paper read at the last meeting of the German Physicians and Scientists he said he had used two or three young animals of the same age for each experiment. In one or other of these he removed one of the testicles, one of the ovaries, or several mammæ, and after a long time compared the remaining glands with the corresponding organs of control animals. He found that the testicles and mammæ left behind had invariably grown more considerably than in the normal animals. With regard to the ovaries the conditions were not so clear. Dr. Ribbert, however, came to the conclusion that after the extirpation of one of the ovaries a considerably larger quantity of ova had developed in the other one.

As to the experiments of Nothnagel, who denied the existence of a compensatory hypertrophy of the testicle, Dr. Ribbert believed that these experiments actually confirmed his assertion. Nothnagel found that the weights of the

organs left behind did not exceed the highest weights of normal testicles. But, though this was correct, the average weights of these testicles exceeded the average weights of normal testicles by one-fifth in full-grown animals, and by one-third in young animals. Observations on man also favored his view. In two men, aged about forty, with one testicle atrophied, the other gland was abnormally large. Histological examination showed that hyperplastic processes exclusively played a part in the enlargement of the organs. The increased growth of one of the sexual glands after removal of the other could not, of course, be explained in the same way as compensatory hypertrophy of the kidneys. It was probably due to the action of the nervous system, and this perhaps in such a manner that, owing to the want of the impressions which were conveyed from the removed organ to the centre, an effect was produced on the other gland.

—*British Med. Journal.*

ANTISEPTIC SOLUTIONS FOR MIDWIVES.

The Académie de Médecine, of Paris, having recommended that midwives should be advised to employ a solution of bichloride of mercury in all obstetric cases, and that to avoid accidents it should be colored, a committee, including MM. Brouardel and Tarnier, and of which Dr. Baden is the reporter, recommends that the packets of disinfectant should be made up according to the following formula: "Corrosive sublimate, 25 centigrammes; tartaric acid, 1 gramme; alcoholic solution of dry carmine of indigo (5 per cent.), 1 drop; reduce to an impalpable powder." This quantity suffices for a quart of water.

—*British Medical Journal.*

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I CAN say, in short, in twenty-five years' practice I have never found an equal to Peacock's Bromides for fits and disturbed nerve centers. It possesses a superiority over fits far beyond my expectations. I have recommended it for all it is worth in this locality.—M. J. FAIVRE, M.D., Hamilton, Ohio.

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EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, April 26, 1890.

The Week.

THE TENTH INTERNATIONAL MEDICAL CONGRESS.

"We published last week, as requested, a circular issued by a committee of American physicians, earnestly inviting the medical men of this country to attend the meeting of the International Congress, which will convene at Berlin, August 4-9, 1890. We recognize the eminent ability of the gentlemen who compose the American committee of invitation, and will even concede that better men could not be chosen; but in the recommendation of names to constitute that committee we are at a loss to know why the Alleghenies should form a dividing line, and that such cities as Buffalo, Detroit, Cleveland, Pittsburgh, Cincinnati, New Orleans, St. Louis, Chicago, Milwaukee, St. Paul and San Francisco—indeed, the entire valley of the Mississippi and the Pacific coast, should not be permitted a single representative. The omission may have been entirely accidental, and yet it is none the less noticeable.—*Journal of American Medical Association*, April 19.

When by request we published in our issue of April 5, page 430, the circular of the Secretary General of the

Tenth International Medical Congress we made a note of the obstruction of visual organs caused by the Alleghenies. Since then we have thought and thought about the Alleghenies as obstructors, and we are just about now getting our mad in working order.

This same International Medical Congress met in our own Washington a few years ago, and a similar dimness of vision was produced by that same mountain range.

We can understand how a set of men who have their eyes congenitally set bias, and never had them cut, would make such an error as the one recorded in history, but having had a capital operation performed with a fair degree of success, it was hoped there would not be a return of the diagonal vision, but here we are again with the defect as bad, or worse, than ever, and a condition of affairs that requires heroic treatment. That mountain range must be leveled, or sufficient bottled malaria sent from our broad prairies and alluvial river bottoms to vaccinate the entire Congress. The occasion is one in which our own great National American Medical Association can very properly at the ensuing meeting at Nashville resolve itself into a committee of the whole for a discussion of the International State of Medicine as it effects the visual organs.

The American medical profession that lives, moves and has its being in the great Mississippi valley, that numerically outnumbers the entire medical profession of either Germany, France, Great Britain, our Atlantic seaboard, or any other country, and man for man as practitioners of the noble art of healing, are not equaled on the face of the earth, are—snubbed, ignominiously snubbed. We resent and indignantly fling back the snub, and

utter as a fact that may not be truthfully contradicted, the statement that the International Congress is intentionally made up of snobs, is managed and governed by the snobbiest of snobs, and all of whom live on a snob diet of gall.

The highest ambition of these Internationals is shown in their attitudinizing for the mock benefit of the forty thousand regularly educated, cultivated and refined physicians of the Mississippi valley. We are reminded of Bottom and his bells. There is but one chorus to all their songs of glee:

Send us your business, send us our fees,
We are the snobs that everyone sees.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, April 28, DRs. THAD. A. REAMY and C. B. SCHOOLFIELD will report a case of "Ectopic Pregnancy, and Operation," with exhibition of specimen.

CINCINNATI MEDICAL SOCIETY.—

April 29, "Two Cases Illustrating the Complications and Sequelæ of Influenza," by DR. J. C. OLIVER.

May 6, "Focal Myelitis with Secondary Ascending and Descending Degeneration," by DR. JOS. EICHBERG; also "Hydatid Cysts of the Kidney," by DR. F. P. DORSCHUG.

REDUCED rates are *only* for those who pay *in advance*.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending April 19, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping- Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Deaths.	Cases.	Deaths.	
1.....	..	..	..	..	2	..	..	..	..	..	..
2.....	..	..	..	..	..	..	..	..	..	..	..
3.....	..	..	..	..	..	..	..	..	1	..	..
4.....	1	1	..	..	1	..	..	..	..	..	..
5.....	1	..	..	..	..	..	1	..	..	..	..
6.....	1	..	..	..	1	..	..	..	..	..	..
7.....	..	..	..	..	..	..	1	..	..	..	..
8.....	1	..	..	..	..	..	..	..	..	..	..
9.....	..	..	..	..	..	..	..	..	..	..	..
10.....	..	..	..	..	..	..	1	..	..	..	1
11.....	..	..	..	..	..	..	1	1	1	..	..
12.....	1	..	..	..	2	1	..	..	..	..	..
13.....	..	..	..	..	..	..	..	..	..	1	1
14.....	..	..	..	..	..	..	1	..	..	..	..
15.....	..	..	..	..	..	..	..	..	..	..	..
16.....	..	..	..	..	..	..	..	..	..	..	..
17.....	..	..	..	..	3	..	1	..	..	..	..
18.....	2	..	..	..	..	..	..	..	..	..	..
19.....	..	..	..	..	..	..	..	..	..	..	..
20.....	..	..	..	..	..	..	..	..	..	..	..
21.....	..	..	..	..	..	..	..	..	1	..	..
22.....	..	..	..	..	..	..	1	..	..	..	..
23.....	..	..	..	..	..	..	1	..	..	..	..
24.....	..	..	..	..	1	..	..	..	..	..	..
25.....	..	..	..	..	..	..	1	1	..	..	..
26.....	3	..	..	..	2	..	1	..	..	..	..
27.....	..	..	..	..	..	..	..	..	..	..	..
28.....	..	..	..	..	..	..	3	..	..	..	..
29.....	..	..	..	..	..	..	..	..	..	..	..
30.....	..	..	..	..	1	..	1	..	..	..	..
Cin. Hosp.	2	..	..	..	..	..	..	..	..	..	..
Good Sam. Hosp...	..	..	..	..	..	..	..	..	..	..	..
Totals	12	1	..	..	12	2	9	4	3	1	3
Last week.	16	..	..	..	9	..	28	6	2	1	2

HEALTH BULLETIN.

Infectious diseases reported to health officers in 46 cities and towns during the week ending April 18, 1890:

Diphtheria: Toledo, 13 cases, 4 deaths; Cleveland 9 cases, 1 death; New Vienna, 3 cases, 1 death; Springfield, 2 cases; Fostoria, 1 case, 2 deaths; Piqua, 1 case, 1 death; Dayton, Chillicothe, Massillon, Elmore, and Glenville, each 1 case.

Scarlet Fever: Cleveland, 18 cases, 1 death; Toledo, 7 cases; Springfield, 5 cases; Versailles

and Massillon, each 3 cases; Lima and Smithville, each 2 cases; 1 case each in Tiffin, Dayton, Chillicothe, Piqua, Youngstown, Defiance, Ravenna, Painesville, Chester Hill, West Cleveland, New London, and Elmore.

Typhoid Fever: Cleveland, 2 deaths; Toledo, 1 death; 1 case each in Springfield, Defiance, Fostoria, and New Concord.

Measles: Ravenna, 50 cases; Ada and Garrettsville, each 15 cases; Cleveland, 14 cases, 1 death; Glenville, 10 cases; New Carlisle and Findlay, each 9 cases; Warren, 8 cases; Middletown and Painesville, each 7 cases; Canton, Massillon, and Rawson, each 5 cases; Defiance, 4 cases; Versailles, Elyria, and Wabash Tp. (Darke Co.), each 1 case; Piqua, "many cases."

Whooping-Cough: Ada, 12 cases; Elmore and Springfield, each 5 cases; West Cleveland, 6 cases; Bloomingburg and Defiance, each 4 cases; Cleveland, 1 death.

The following places report no infectious diseases: Dalton, Arcanum, Carthage, St. Paris, Kent, Uhrichsville, Salem, and West Liberty.

C. O. PROBST, M.D., Secretary.

CLINICAL TEACHING OF OBSTETRICS.

Nothing can better demonstrate the deficiencies of the usual American medical education than the general surprise and approbation expressed at the practical teaching of obstetrics in the Medical Department of Harvard University. At this institution each student is required to personally attend at least four cases of labor and submit a written report of them. One of these he is expected to attend under the instruction of a teacher of obstetrics. There is nothing remarkable in this course except that it is practically unique in this country. The average medical student receives his diploma without any other experience in obstetrics than that gained from his text-book and his teacher, assisted, maybe, by a lay-figure or manikin. Ninety-nine per cent. of medical graduates leave their scholastic halls with no better equipment than this. They know nothing of operative obstetrics beyond abstract general rules, and it is only in the course of time and actual practice that they can become safe accoucheurs.

If there were any insurmountable barrier preventing the better teaching of obstetrics in our schools, this condition of things might be condoned, but there is none. Every city or community in which the existence of a medical

college may be pardoned, offers facilities that need only be grasped. The arrangement at Harvard may be duplicated by any school, not situated at some country cross-road, that has the conscience or the energy to desire it. Every city provides, ready at hand, a more than sufficient amount of clinical material to give the student all the practical knowledge necessary. Recent years have seen a vast improvement in the way of bedside instruction in medicine and in surgery, an improvement that requires the existence and maintenance of a hospital for its accomplishment, but obstetrics has hitherto been sadly neglected, though the opportunities for its proper study lie ready at hand.—*Pittsburgh Med. Review.*

AUTOGRAPHISM.

At the last meeting of the Académie de Médecine M. Mesnet related the case of four patients who presented this singular phenomenon. He said that ten years ago his colleague, M. Dujardin, showed him a woman whose skin reddened on the slightest contact. By passing a pencil over different parts of the body reliefs of varied forms were provoked. The term *autographism* was given to his phenomenon. Since then a certain number of similar cases was observed, and he (Mesnet) had met with four such patients of whom he made special inquiries, and it was the result of these researches he brought before his colleagues. They all came from families highly nervous and presenting persistent symptoms of deranged peripheric sensibility, analgesia, insensibility of the mucous membranes at their point of origin, and often functional disorders of the organs of sense, especially of the sight and taste. On the other hand, he had remarked in all four active but restless minds, with incessant modifications of the character and sudden alternations of gaiety and depression, and in a word all the symptoms of hysteria. As to the conditions by which autographism was realized he had to say but little, as the skin was equally affected on both sides of the body, even when the patient was hemi-

anæsthetic. In such cases the person did not feel the touch of the instrument used, and yet the autographism was well marked. Consequently the phenomenon is purely reflex, but not transitory, as it persists for years in the same individual, and it has been frequently confounded with urticaria, and was styled artificial urticaria, but it differs from urticaria by the fact that it is connected with no diathesis. His four patients were profoundly hysterical, and easy subjects for hypnotism.

—*Med. Press and Circular.*

THE ARREST OF HÆMORRHAGE BY NON-PROFESSIONALS.

Some months since Dr. J. B. Murdoch, in the Allegheny County Medical Society, expressed his disapproval of the prevalent advice given to the laity as to the arrest of hæmorrhage, and we believe the subject important enough to excuse further notice. This advice emanates of course from the profession, and it may be found in books on domestic medicine, almanacs, reference works of various kinds, and as a recurring item in popular periodical literature. It directs compression of the main trunk of the bleeding artery, giving more or less lucid directions as to where and how this may best be done, and is frequently illustrated by a picture of the "Spanish windlass" or some other home-made instrument of torture. Every medical man can recall instances in which the following of this teaching has been productive of much harm, and few can recollect any good that has come of it. The inability of the uninitiated to distinguish venous hæmorrhage from the less frequent arterial bleeding, the invariable tendency to consider all bleeding as dangerous, and the certainty even if the compression is indicated and is properly applied, of an unnecessary and destructive amount of force being used, all suggest that in unskilled hands the proceeding is unwise.

The simplest, the easiest, the instinctive method, is compression of the bleeding point with the fingers. In every community a surgeon can be pro-

cured in a few minutes, except in rare instances, and in the interval the digital compression can easily be secured. When such a time must elapse before the arrival of skilled assistance that manual control of the hæmorrhage is not feasible, then strong compression with a pad and bandage over the seat of injury will usually answer every purpose, and on the rare occasions in which this might fail, pressure over the main trunk of the bleeding vessel might be resorted to, but this proceeding is so difficult of application, and so full of danger in the hands of the unskilled, that it is to be generally discouraged.

The profession itself is responsible for the damaging teaching in vogue to the laity on this subject, and from the profession should come the corrective.

—*Pittsburgh Med. Review.*

VICE VERSA.

Dr. Turner, of the U. S. Army, in view of the wider fields of labor opening to woman, in her welcome to almost every profession, anticipates the time when she will no longer be the poor victim to be practiced upon, but will take her turn in practicing upon the other sex. When that time comes the Lord have mercy upon us from being the ladder upon which she mounts to fame. "We may then find," says Dr. Turner, "our cremasters tucked and plaited for pendent scrotum; the prepuce flounced for redundancy; the epididymis resected when the testicle is too low; our ureters catheterized, and the pelvis of our kidneys curetted; and Miss Cynthia Tate, more bold and brilliant than all the rest, will castrate for all manner of neuroses." When that millennium comes, the table may be turned with a vengeance, possibly, in many instances, to the great benefit of society.

—*Kansas Med. Journal.*

THE CURFEW BELL.

A time comes in the career, even of the most honored and successful among us, when the burden of practice becomes too great for advancing years, and when judicious retirement enables

the laurel-crowned brow to repose during the brief span of remaining life, and to illuminate the social and family circles the frequentation of which has been curtailed by the exigencies of the daily task. Two of our medical potentates have gathered their robes around them during the past few days, and have retired into the arcana of private life. Sir William Jenner, full of years and honors, has given up practice and withdrawn from active life, and the same course has been taken by one not less eminent in his own department, Mr. John Marshall. We trust that both may be spared for years to come to contemplate with retrospective enjoyment the sphere of activity in which they have respectively labored with so much profit to themselves and credit to their profession.—*Med. Press Circular.*

CAFFEINE.

Drs. Sée and Lapicque have made some valuable researches on the action of caffeine, the results being published in the *Bulletin de l'Académie de Médecine*. They find that, when given in small doses, the drug facilitates muscular labor by increasing the activity, not of the muscle itself, but of the corresponding cerebro-spinal centre. This diminishes the sensation of effort and keeps off fatigue. The drug certainly prevents, for a time, labored breathing and palpitations due to effort. It is a mistake to suppose that it checks waste. There is no such thing as effort and action without corresponding waste; indeed, the one implies the other. More correctly, caffeine allows more exertion through a kind of physiological usury. The ingestion of aliment allows of a certain amount of exertion, but fatigue always comes on before all the assimilated products of digestion are used up. Thus a reserve is left. Caffeine uses up more or less of that reserve. Hence the drug is only of temporary benefit. When employed for too long a time, especially when no fresh food is at hand to make up for waste and to afford more reserves, caffeine is, as might be supposed, actually noxious.—*British Med. Journal.*

A UNIFORM STANDARD FOR ADMISSION TO STATE MEDICAL SOCIETIES.

At its last quarterly meeting the Rhode Island State Medical Society adopted the following resolution, viz., "That the President of the Rhode Island Medical Society shall be authorized to open negotiations with the medical societies of such other States as have a system of entrance examinations similar to our own, to have an agreement between the different State societies arrived at, by which membership in any one of the agreeing State societies shall be sufficient proof of qualification to become, upon application, a member of any other State society without further conditions of admittance. And also to have in the agreement a clause incorporated which will admit, upon application, to membership in any of such corresponding State societies, the membership of the medical and surgical staffs of the United States Army and Navy without further conditions of admittance." The plan above suggested is an interesting one, and deserves the attention of our State medical organizations.—*N. Y. Med. Record.*

CHRONIC SYPHILITIC SALIVATION.

A. W. Furber, M.D., L.R.C.S. and L.D.S., says:

"I have for a long time had a gentleman—patient under my care for disease of the teeth, and although my operations progressed favorably, I had many difficulties to contend with. The whole of my patient's teeth appeared to have a syphilitic taint, and with increased flow of saliva, amounting to chronic salivation. These were not the only troubles I had to surmount; but that which retarded my work most was the repeated recurrence of syphilitic ulcers of the sulcus and gums generally, which, though not painful to my patient, was still a source of considerable discomfort and militated greatly against the success of my operations. IODIA having come under my notice I was inclined to give it a trial, and with the addition of a small proportion of liq. hydrarg. bi-chlor., taken daily before meals for a time—also used occasionally as a mouth wash—the salivation became normal, the mucous membrane assumed a more healthy state and the teeth generally looked like coming back to their original color."

80 Fortress Road, London, N. W.

Miscellany.

PARISIAN MEDICAL CHIT CHAT.

[Extracts from the *Journal de Medecine de Paris*.]

TRANSLATED BY T. C. M.

In a few days will be sold to the highest bidder, the library of a man better known to the public than to his own *confreres*. This man was Dr. De-caisne, who wrote medical articles for many years past for "*La France*" and "*L' Universe Illustré*," also irregularly for other non-professional journals. At times the doctor also sent very interesting communications to the Academy of Medicine, treating on odd medical subjects, such as the vertigo of tobacco smokers and the evil effects of alcohol. In such articles he fully evinced his skill as a clinician, as well as his talent as a writer for the public press on popular subjects. We will not discuss his high merits as a practitioner, nor his brilliant qualities as journalist. It is as a book collector that his fame must chiefly rest. He was the owner of numerous memoirs and reviews, histories of medicine, works on epidemiology, books on strange medical doctrines, the systems of Barthez and Bichat, together with the astonishing physiology of Broussais, with dosimetry, homeopathy and many more simple curative methods. He was profoundly versed in pneumatic and autanatic medicine and the doctrine of imponderables. He had all the material for a delver into medical curiosities on his library shelves, which he utilized when at leisure. He was one of those rare examples of physicians who find time to connect medicine with letters and fine arts.

We have mentioned from time to time the names of physicians who were dramatic critics, musicians, painters and literary men. Let us now note a few bibliopholists. It is necessary to go back to the sixteenth century to find the first medical book collector, and this doctor was a surgeon Rasse des Noeuds, attendant on Henri III., who collected

one of the most beautiful libraries of his time. The majority of his books are filled with annotations written in his own hand, which makes these works all the more valuable; besides he owned a most precious collection of autographs, that tended to throw much light on the manners and customs of the period. What has been the fate of this collection? Has it been destroyed by time, or has it found an asylum in some dealer's shop? Some of this collection was preserved by the beloved ancestor of Gui Patin, that agreeable *raillleur* whose spirit and wit and slight Rabelaisian humor twice disrupted the Parliament of France and held the army of surgeons and apothecaries in check. Gui Patin had collected for his literary notes all the polemics and diatribes, in fact even every bitter manuscript against pharmacists; like his contemporary and friend, Dr. Salins, who kept a daily journal of events in the same fashion as Pierre de l'Estoile. Later we see Dr. Riolan, the physician of Queen Marie de Medicis, make a collection of medical works in Arabic, Greek and Latin; also Jacques Mental, a descendent in direct line of the first printers of Strasburg, who paid out a portion of his fortune for the library of the poet Passerat.

There was yet another book collector among the physicians to Royalty. This was I. C. A. Helvetius, doctor to Louis XIV., who had the generosity to offer the Faculty all his library. We know not whether his *alma mater* accepted, as the acceptance of similar legacies is often erroneous, and the want of money to maintain such libraries often leads to the refusal of such liberalities.

When Bourdelot, the physician to *Grand Conde*, died, he left by will, his library to his nephew, expressing the wish that he in turn should bequeath it to the Faculty, under the condition that it should be open to the public every Thursday. The nephew continued to enrich the collection, and in 1691 he proposed to give it to the Faculty under the Thursday condition mentioned by his uncle. But the Faculty of Medicine of Paris were without funds, and could not accept the generous offer. When

we think of the rare and unique collection of oriental works to which the nephew had added scarce editions of all the Latin and Greek poets, and a thousand and one antique curiosities of immense value, we are tempted to sigh. A rare old collector, too, was Falconet, consulting physician to the King and professor of the Faculties of both Paris and Montpellier. This man passed his existence in collecting anecdotes that he had heard recounted. He placed these on cards duly classified and arranged, and thus collected more than a hundred and fifty thousand notes which he happily willed to his friend Saint Palaye, member of the Academy. At his death he also owned five thousand books.

Another physician to Royalty, Marin Cureau, was likewise a collector. It is only physicians to Princes who are able to make such rare collections, and such bibliopholists are usually the most capable. At the present day book collecting is a very expensive habit, only followed by the most favored of fortune. Dr. Royer, the Emperor's old time physician, is an example of this. This bibliopholist made a notable collection which he bequeathed to his daughter, who offered it in turn to the city of Caen. The collection numbered forty thousand volumes. The only condition was that the library should remain unbroken, and be placed in its own alcoves.

The library of Dr. Payen was another celebrated one, as it contained all the known medical facetiæ and a famous collection of works on mineral urates. It was also replete with autographs, portraits and documents of the great Montaigne. It was used by the collector in his masterpiece, the most complete biography of France's literary glory.

Malgaine, the great surgeon, had a magnificent library, and without it the world would never have preserved the luminous works of Ambroise Paré.

Nothing is more natural than specialization in the matter of book collection in medicine; so we have the vast libraries of alienists such as the Morel or Legrand du Saulle's medico-physiological collection, the works on syphilis in the special libraries of Drs. Fournier, Le

Pileur and Curso. Fournier, however, does not limit himself to works on syphilis alone, but is also a collector of rare editions of the classics elegantly bound.

Professor Charcot is a great collector of Revolutionary documents, while Dr. Paul chases over the earth for works on chirography. Another physician of our acquaintance has formed a collection of books on the mechanism of dancing and medicine, a true version of *Æsculapius* and *Terpsichore*. This collection will be unique. Dr. Bonnejoy, of Vexin, is a bibliopholist who has made a collection of all patent medicines and quack advertisements ever known. The celebrated Dr. Falconet, who had a penchant for fine books, used to read the volumes and tear out the interesting leaves. Some of his large books thus rebound embraced all that was valuable in an entire volume.

But enough of library gossip. Let us turn to another subject, *i. e.* the fantastic history of a mistake to two cadavers. This occurred at the Hospital on the Rue Picpus, where, on February 20, a man named Dorlin, a good Roman Catholic, was admitted to "L'Hospital Rothschild." Mr. Dorlin was in the last stages of phthisis and died on the 23d of February, the funeral being fixed for February 25, at 3 o'clock in the afternoon. On the 24th day of February, after two days' illness, died a patient named Brunswick, aged 80 years. The funeral of the latter was set for February 26. Brunswick was a good Jew, of old orthodox stock. The two bodies were laid out in contiguous chambers. At the moment of the funeral the body of Brunswick was by mistake placed in the wrong coffin and carried to the Catholic Church covered with crowns and crosses of flowers, and was followed by the weeping relatives of Dorlin. At the inhumation a moving sermon was spoken in which the virtues of the dead were duly praised. On February 26, at 9 o'clock in the morning, the son of Brunswick visited the hospital for the remains of his father, whom he wished to inter with Jewish burial ceremonials. Then ensued a terrible scene, for the son

found the body of an unknown man with a scapulary and crucifix on his chest. Excited and indignant, he demanded the restoration of Brunswick's body, and it was thus the mistake was discovered. Naturally the Catholic family of Dorlin was also angered at the terrible discovery, and another funeral took place. The crowns and crosses were removed, but the Dorlin family had great difficulty in securing a priest for a second sermon, as the first priest declined, being furious that he should have sprinkled holy water over the body of a Jew.

French doctors are now perusing with interest a new edition of Corlieu's "The Deaths of the Kings of France." It is full of interest, and exhibits the care that physicians of Royalty bestow on their noble clients. For example, Heroard, physician to Louis XIII, publishes the following bulletin of the King's health on January 29, 1628. Listen to this: "His Majesty awakened at 6 o'clock this morning, raised himself slowly in bed, his face full of good humor, and springing from his couch, pissed a good stream of yellow urine; then, dressing himself, knelt and prayed to God. He would not take his broth, but asked for his glass of barley water with lemon juice. He then went to Mass, and afterward walked a long distance on foot, returning home at 10 o'clock A. M. He now dined on two baked apples well sugared, then took chicken soup with bread crusts; then ate roast veal and some boiled ox marrow, drank lemonade and ate some stewed pears. He drank some good strong wine with his water and used a spoonful of fennel seeds. He then went to his official business, but returned at 4 o'clock and partook of soup and chicken broths, with beef juice, boiled veal, and stewed marrow." There is a certain charm about the diet of Louis XIII. Chicken broth, beef juice, and spinal marrows give one an idea of respect for the gastronomic wisdom of his most potent majesty. One would think spinal marrow would have had good effects and virtues, but Heroard leads us to believe the contrary, for we find in his journal: "Evening.—Put the King

to bed after he had said his prayers. At about 11 o'clock, while M. de Suques, the gentleman in waiting, was on watch, a messenger came to persuade his Majesty to go to the Queen's bed-chamber. He was awakened from his sleep and was furious at the Queen's amorous message, declaring he would not consent; finally, after much coaxing and almost tears, he was placed in her Majesty's bed, as is said, *Haec omnia, hec insico*. At 2 o'clock in the morning he returned to his own chamber, where he was rubbed down and put to bed again. He slept late—until 9 o'clock next morning." This Louis XIII. had a well-appointed medical staff attached to his Royal household. He had eight physicians, eight surgeons, and four apothecaries, the latter of whom attended particularly to his Royal anus. He also employed an oculist and a specialist in lithotomy. It is sad to reflect that the monarchs of Europe in the year 1890 do not patronize physicians as much as the royalty of the *ancien regime*. However, the nobility is growing scarcer on the Continent every year, and republics develop a lack of faith in too many doctors.

THE RADICAL CURE OF VARICOSE VEINS BY MULTIPLE LIGATION.

Dr. Phelps applies subcutaneously a large number of ligations to a single vein, by means of a Keyes-Reverdin needle. The operation is indicated in the following cases:

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2. When the size of the veins, the formation of venous tumors, or the attenuation of the coats or tegumentary coverings threaten hæmorrhage.
3. When chronic ulceration or eczema exists.
4. When the circulation has been so far impaired as to occasion swelling of the feet or loss of power in the limb.

—N. Y. Med. Jour.

Bibliography.

A HANDBOOK OF DERMATOLOGY: For the Use of Students.

By A. H. OHMANN-DUMESNIL, A. M., M.D.

We must heartily welcome the publication of this book, which we find of practical interest, not only for students, as the author says, but also for practicing physicians.

A general anatomical idea of the common integument is clearly and interestingly drawn. The diagram of the furrows of the skin, the disposition of the hairs and glands, is neatly given. As classification the author adopts that of the American Dermatological Association, which we find practical and sufficient to give a general idea of the diseases of the skin. Of course using this classification the author forces many diseases together, as, for instance, erythema, urticaria, prurigo, with eczema, pemphigus, etc., which, we think, do not agree together. In the hypertrophies, atrophies, new growths, he gives much interesting information. It is admirable how in such a short space he could arrange so many scientific points.

With several clear and decided woodcuts he shows many interesting cases illustrating the text.

He dwells upon the treatment of the different diseases, giving a large number of the most useful prescriptions used in dermatological practice. A. R.

ON THE TREATMENT OF DIABETES BY FREE PHOSPHORUS.

By BELMAMO SQUIRE, M. B., London. London: J. & A. Churchill, 1889.

This little monograph of fifty-four pages is based upon the history of a diabetic patient who was treated by the eminent English dermatologist for an obstinate eczema. The author treated this affection by phosphorus, but he observed that under this treatment not only the patient's eczema, but also his diabetes underwent marked improvement.

The little work will repay perusal,

as it is both instructive and entertaining; the latter especially, as the author rather quaintly describes the discrepancies of the analyses made by four different chemists to whom he had submitted the urine for examination. W.H.W.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

Twenty-sixth Annual Session, held at Elizabeth City, April 16, 17, and 18, 1889.

This volume contains the customary minutes, papers and reports on medical progress. We find nothing especially remarkable in the pamphlet, and fear it will share the fate of most of similar productions; namely, to sink into oblivion except with those who are members of this society.

ESSENTIALS OF GYNECOLOGY.

By EDWIN B. CRAGIN, M.D. (Saunders's Question Compend, No. 10.) Philadelphia, 1890.

The subject matter in this little book is carefully arranged, clearly printed, well illustrated and bound; and in this respect does not fall behind other rivals of its class.

It need hardly be said that all such works, however, can only serve as "repetitoria" for the quiz class and final examination, but can never take the place of systematic lectures and textbooks. W.H.W.

A HAND-BOOK OF OBSTETRICAL NURSING FOR NURSES, STUDENTS AND MOTHERS.

By ANNA M. FULLERTON, M.D., Demonstrator of Obstetrics in the Woman's Medical College of Philadelphia, etc. Philadelphia: P. Blakiston Son and Co., 1890. For sale by Robert Clarke & Co., Cincinnati.

The author states that "the teachings of this little book are chiefly the substance of a series of lectures delivered yearly by Dr. Anna E. Broome, to the nurse-pupils of the Woman's Hospital of Philadelphia."

It is written in a plain but attractive style, and deals with the well-known physiological processes of pregnancy and labor, besides giving wise counsel

in dealing with some of the accidents and emergencies which may befall the lying-in woman. Besides striking the "happy medium," inasmuch as it says neither too much nor too little for the comprehension of the average nurse, it abounds with many little practical points as to dress, etc., which only a lady could give and which distinguishes this little work in this respect from similar publications attempted by male authors. It may be safely recommended to female nurse-students, but need not be spurned by students of medicine even of the sterner sex.

W.H.W.

APHRODISIAC EFFECTS FROM COCAINE have been reported by several observers, and the possibility of producing strong sexual excitement by the use of a small quantity of the drug should be borne in mind. With male patients this effect is of but little consequence, but where the physician is alone with a female patient the consequences may be embarrassing if nothing worse. A Philadelphia physician reports giving a

hypodermic injection of a few drops of a ten per cent. solution of cocaine to a woman from whose face he proposed to remove a small tumor. The erotic excitement that followed led the patient to behave in a most unseemly way, although her usual behavior was modest and becoming. A St. Paul dentist reports a similar experience, his patient making an indecent exposure of the person while under the influence of a small injection of cocaine. Dentists should indeed be particularly on their guard, since they use cocaine so often in filling and extracting teeth and are so frequently alone with their patients.

—*Northwestern Lancet.*

GENERAL testimony appears to favor the use of the crystalline digitalin, which is claimed by numerous observers, especially by Bardet (*Les Nouveaux Remedes*, December 24, 1889), to be a remedy which is absolutely constant in its action and of perfectly definite composition.—*Therapeutic Gazette.*

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD will be sent to any physician, free of expense, upon application.

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A CASE OF FALSE ANEURISM
RESULTING FROM DISLO-
CATION AT THE
SHOULDER
JOINT.

A Paper read before the Walnut Hills Medical
Society, March 12, 1890,

BY
C. E. CALDWELL, M.D.,
CINCINNATI, O.

Milo B., aged fifty-eight, laborer, presented himself at the surgical clinic of the Miami Medical College with the following history:

Six weeks previously he had suffered a dislocation of the humerus at the shoulder, variety not stated. The dislocation was promptly reduced. Since that time had suffered considerable pain in the shoulder, and had noticed a swelling which seemed to increase in size.

Examination showed the head of the bone in its socket, movement possible in every direction. There was a large fluctuating swelling on the outer aspect of the shoulder, over the area covered by the deltoid muscle. An examination of the axillary space revealed no swelling, the pulsation of the axillary artery was readily appreciable. The radial pulse was full and regular. No elevation of temperature appreciable to the hand. The skin covering the swelling was tense, and fluctuation was marked. There was some pain on deep pressure. The position of the tumor, the integrity of the axillary artery, the absence of all pulsation in the swelling, left no room for the suspicion of anything aneurismal in character.

I suggested to the patient the advisability of making an incision and letting out the pent up pus, which I fully believed to be the cause of the fluctuation. Tinct. of iodine was ordered to be applied to the part, and the patient instructed to come back on the next clinic day.

January 18, 1889, patient again presented himself. The swelling was increased, fluctuation was marked and more superficial. There was some tendency to "pointing" of the supposed abscess, at about the insertion of the deltoid muscle. I then entered the point of a curved bistoury, in a direction slightly obliquely across the fibres of the deltoid, and as the incision was enlarged sufficiently, there appeared along the edge of the knife, much to my surprise, a quantity of perfectly black clots. I was, however, not in any way disconcerted, thinking that the direct violence to the shoulder which I supposed had given rise to an abscess, had caused such an extravasation of blood in the soft parts as to form a hæmatoma. The incision was enlarged over a groove director, and nearly a pint of black clots, together with some dark uncoagulated blood, turned out. I then found that a considerable cavity was left, that the whole deltoid muscle in fact, seemed to have been dissected up from its relation to the capsule, which was readily felt over the head of the humerus. The cavity was washed out, the wound stuffed with iodoform, and a snug dressing applied.

As the patient sat up preparatory to putting on his clothes, there was a sudden gush of arterial blood which saturated the dressings. These were quickly removed, and by thrusting both thumbs into the wound down upon the capsule, the hæmorrhage was for the

time controlled. Realizing for the first time the probable nature of the trouble, viz., laceration of some axillary branch, probably the anterior circumflex, with formation of a false aneurism, and being totally unprepared in the way of instruments, having nothing but a small pocket case to deal with so formidable a condition of affairs, I sent immediately for Dr. Dandridge, requesting him to bring an Esmarch's bandage and his operating case.

Meanwhile the hemorrhage was controlled by the thumbs pressed into the wound, until Dr. Dandridge arriving, an Esmarch bandage was applied tightly with a compress over the wound, and hemorrhage sufficiently controlled to admit of the patient's removal to St. Mary's Hospital. Arriving there the bandage was removed, its removal being followed by profuse hæmorrhage.

The incision was quickly enlarged by Dr. Dandridge, and an effort made to discover the source of the hæmorrhage. All attempts of this nature proving futile, the cavity was stuffed with a large amount of iodoform gauze, a large compress applied, secured by bandages passing around the body and fixing the arm to the side.

I might say in this connection, that during the operation there was an opportunity to surmise the true cause of the hæmorrhage. The capsular ligament was exposed, and the deltoid muscle was partially disintegrated and completely dissected away from the capsule. The direction of the hæmorrhage pointed to the anterior circumflex artery as its probable source.

The case went on to a perfect recovery, and has consented to be present this evening.

In the attempt to find a parallel to this case, I have found in the admirable "Treatise on Dislocations," by Lewis Stimson, the greatest satisfaction. In the third chapter of this truly classical work, page 35, he says, and I cannot do better than quote his own words: "Injury of a large blood-vessel adjoining a dislocated joint, (the dislocation not being compound) is a comparatively rare accident and one that depends either upon the close relations of

the vessels and the bones, as at the shoulder and knee, or upon violence so great as to displace the bone to a greater distance than usual, or in an unwonted direction. In most of the recorded cases the dislocation has been of the shoulder, inward and forward, and the lesion has consisted either in the rupture of a large arterial branch, the anterior circumflex or the subscapular, at or near its origin, or in such stretching of the axillary that its inner and middle coats have been torn across, the outer one remaining undivided. The injury may result in the immediate formation of a traumatic aneurism or in the gradual formation of an encysted one, or in gangrene of the distal portion of the limb. In some of the recorded cases, it is not possible to determine whether the injury to the vessel was the immediate result of the dislocation or of the efforts to reduce it."

The last point is well taken. Marchand⁽¹⁾ says: "In certain cases it is difficult to decide whether the artery has been wounded during attempts at reduction or whether the compression exercised by the displaced head has not resulted in its obliteration."

In all the cases reported, where the rupture of the artery followed attempts at reduction, the accident was due to forcible traction or abduction. The latter movement should be avoided as tending to cause pressure of the head upon the axillary vessels.

According to Stimson, the *symptoms* of such an accident, "at the beginning present two widely different forms, in one, the less common, a tumor presenting many signs of an encysted aneurism, appears in the axilla a few days or weeks after the reduction, and increases in size rather rapidly. If not successfully treated, it soon involves the skin and ruptures externally. In the other form, the more common, a diffused fluctuating swelling without bruit or pulsation, appears immediately, or within a few hours, in the axilla, raising the pectoral and deltoid muscles, or is perhaps most prominent posteriorly, and in

1 "Des accidents qui pèverent compliquer la reduction des luxations traumatiques," page 37.

most cases promptly reaches a large size, even that of an adult head."

A case of the latter variety is reported by Callender,⁽¹⁾ which may be briefly recapitulated as follows: "Gardener, aged 61 years, admitted with downward dislocation of the shoulder. Six weeks previously, dislocation had been reduced, but recurred owing to premature passive movement. Attempts at reduction succeeded, but there immediately appeared a large swelling distending the pectoral muscle. Nothing serious was suspected; patient put to bed. Following day swelling increased, diffuse, considerable œdema of the arm. This swelling kept on increasing for some time, and it was at last decided to incise, and if possible, tie the ends of the ruptured artery. The incision was made along the posterior border of the pectoralis major, and a large quantity of clots turned out. A large cavity was revealed, bounded by the posterior surface of the pectoralis major; behind by the deep surfaces of the latissimus dorsi and subscapular; above by the axillary vessels and nerves. Following the évacuation of the clots there was a burst of arterial blood. The subscapular artery could not be compressed owing to the swelling of the parts, but Mr. Paget who was present succeeded in compressing the axillary artery against the second rib. It was then seen that the hæmorrhage came from a round aperture on the upper wall of the vessel. A double ligature was placed above and below the aperture, and the vessel divided between them. The fifth day the patient succumbed from gangrene and pulmonary embolism."

There have been so far forty-seven cases collected which Stimson gives in a table appended to the portion of his work treating of the injuries of vessels.

Three of these cases, reported by Koerte⁽²⁾, are especially interesting. In his first case the lesion postmortem proved to be an opening on the side of the axillary artery due to the avulsion of

the common trunk of the circumflex arteries. Pulsation in the brachial and radial arteries barely perceptible two months after the accident, when the patient came under observation with an enormous pulsating swelling of the shoulder, filling the axilla and extending up to the clavicle.

In his second case, patient aged 52, dislocation forward and inward. Several unsuccessful attempts were made during the sixth month and the last was followed by the gradual appearance of a non-pulsating swelling under the pectoral muscle, œdema of the arm, and sharp neuralgic pain. Radial pulse. The patient became feverish, the tumor softer, the skin thin, and at the end of six weeks it ruptured spontaneously. The hæmorrhage was arrested with a tampon, and the patient died shortly afterward. The autopsy showed a large cavity occupying all the space under the pectoralis major and filled with large blood-clots. On the outer and front side of the artery, four centimeters below the clavicle, was a transverse opening measuring .04 by .03 centimeters (1-6 by 1-8 inch), thought to have been produced by the tearing off of an arterial branch.

In Koerte's third case the extravasated blood disappeared slowly, leaving a hard, non-pulsating lump, as large as a walnut, in the course of the axillary artery, which was mistaken for an enlarged lymphatic gland, and the attempt was made to extirpate it. It was found to be an aneurism containing much stratified clot, the axillary artery was tied above and below, and the patient died.

In the case reported this evening, the peculiarities are the following: The situation of the tumor on the external aspect of the shoulder, the absence of any swelling on the axillary side of the arm, the gradual increase of the swelling up to the time when the patient first presented himself, the rapid increase in a few days due, I think, to the violent attempts of the patient to demonstrate how well he could use the arm, the absence of pulsation, the existence within the cavity of stratified clots.

¹ St. Bartholomew Hospital Reports, Vol. II., 1866.

² Archiv für Klinische Chirurgie, 1882, p. 636.

The cases so far collected have been tabulated by Stimson, which table is here appended:

LIST OF CASES.

A.—Fatal Without Operation.

1. Verduc (Malgaigne, des Luxations, p. 149); artery wounded; no treatment; death by hemorrhage.
 2. Petit (Malgaigne, des Luxations, p. 149); artery wounded; no treatment; death by hemorrhage.
 3. Pellelan (Malgaigne, des Luxations, p. 149); artery wounded; puncture; death by hemorrhage.
 4. Platner (Malgaigne, des Luxations, 151); artery and vein; death by hemorrhage.
 5. Lendet (Malgaigne, des Luxations, p. 149); artery; 57 years; dislocation, 11 days.
 6. Froriss (Malgaigne, des Luxations, p. 151); vein; 26 years; dislocation, 3 weeks.
 7. Gibson, I., (Surgery), p. 325; 50 years; dislocation, two months; death in a few hours.
 8. Price, quoted by Callender, p. 107; vein; death next day.
 9. Koerte, I., Archiv für Klin. Chir., vol. xxvii., p. 631, artery; 25 years; dislocation recent, puncture.
 10. Koerte, III. Ibid.; artery; 52 years; dislocation, 5½ months, rupture.
 11. Mash (Carruthers), *British Med. Jour.* 1872, I., p. 526, artery; 38 years; dislocation recent.
 12. Haily, Ibid., 1863, II., p. 634; 59 years; dislocation recent.
 13. De Morgan, Ibid., 1872, I., 54 years; dislocation recent; incision.
- B.—Ligature of Subclavian.
14. Green, *Lancet*, 1825, vol. viii., pp. 189 and 283; 33 years; dislocation recent; result unknown.
 15. Warren *Med. Chir. Trans.*, vol. xxix., p. 25; 30 years; dislocation recent; recovery.
 16. Gibson, II., loc. cit. p. 334; 35 years; dislocation 9 weeks; death.
 17. O'Reilly (Adams), *Cyclop. of Anat and Phys.*, vol IV, p. 616; 50 years; dislocation recent; recovery.
 18. Nelaton, I., *Path. Chir.* II., p. 368; dislocation old; death.
 19. Rigaud, *Dict. Encyclop.*, art. Epaulo; artery; 23 years; death.
 20. Von Pitha (Koerte, loc. cit., p. 649); artery; death.
 21. Volkmann (Koerte, loc. cit. p. 656; recovery.
 22. Panas (Marchand, p. 52); artery; dislocation recent; death.
 23. Desprès, *Bull. de la Soc. de Chirurgie*, 1878, p. 116; artery; 40 years; recent; death.
 24. Gärtner, *Schmidt's Jahrb.*, 1871, vol. cli., p. 304; artery; 20 years; recent; death.
 25. Létierant, *Bull. de la Soc. de chir.*, 1884, p. 748; recent; recovery.
 26. Lefevvre, Ibid., p. 750; artery; 52 years; recent; death.
 27. Cras., Ibid., p. 739; 45 years; recent; recovery.

28. Archangelski, *Centralblatt für Chirurgie*, 1885, p. 383; dislocation habitual; aneurism appeared after unsuccessful attempt on fourth day, and increased after a second attempt in fourth week; subclavian tied below the clavicle; recovery.

29. Parker, *Lancet*, 1885, I., p. 704; F. 36 years; dislocation, seventh week; the ruptured artery was apparently the subscapular.

C.—Double Ligature.—All Fatal.

30. Callender, *St. Barthol. Hosp. Rep.*, vol. II, p. 96; artery; 61 years; dislocation old.
31. Wutzer, *Arch. für Klin. Chir.*, vol. 4, p. 308.
32. Koerte, II., loc. cit.; artery; 29 years; dislocation recent.
33. Lister, *Edinb. Med. Jour.*, 1873, p. 829; artery; 59 years; dislocation, 8 weeks.
34. Rivington, *British Med. Jour.*, 1872, I., p. 420; artery; 71 years; dislocation recent.
35. Sheffield Inf., Ibid., 1883, I., p. 207; artery; 62 years; dislocation, 6 weeks.
36. Baum, *Deutsche Klinik*, 1867, p. 431; artery and vein; ligation of axillary (possibly double).

D.—Digital Pressure.

37. Dickson, Keney, *Phila. Med. and Surg. Reporter*, 1882, vol. xlvii. p. 256, m. 24; recent; recovery.

E.—Disarticulation at Shoulder.

38. Jünken, *Arch. für Klin. Chir.*, vol. x., p. 313; artery; unsuccessful attempt to apply double ligature; recovery.
39. Bell (Malgaigne and Callender); death.
40. Ledentu, *Bull. de la Soc. de Chir.*, 1877, p. 187; artery; dislocation recent; death.
41. Bellamy, *Lancet*, 1880, II., p. 260; artery; 55 years; dislocation 7 weeks; death.

F.—Recovery Without Operation.

42. Desault, *Œuvres Chirurgicales*, vol. I., p. 380; 60 years; dislocation, 1½ months.
43. Malgaigne, loc. cit. p. 150; 44 years; dislocation, 2 months.
44. Anger, *Bull. de la Soc. de Chir.*, 1878, p. 122; 54 years.

As to the liability on the parts of the vessels themselves to rupture, in quite a number of the cases reported nothing has been said regarding their condition. In others, cases for example observed by Aug. Berard and Nelaton, chalky deposits were noticed in the walls of the vessels. Guenther reports a case where, though the patient was young, the vessels were atheromatous. Sometimes osseous scales or fragments detached from neighboring bones, as from the rim of the glenoid cavity or one of the tuberosities of the humerus, may be the cause of rupture of an artery. Osteoplastic changes taking place later about the joint, with the development of an osteophyte, may be the cause

of perforation, as in a case observed by Paget and Brodie.

FRACTURE OF THE FOREARM WITH DISLOCATION OF THE ELBOW.

A Paper read before the Walnut Hills Medical Society, March 12, 1890.

BY

W. D. PORTER, M.D.,
CINCINNATI.

About three months ago this boy, who is ten years old, sustained a severe injury to the right forearm and elbow. He tripped and fell, striking, as he thinks, the posterior and upper part of the forearm on the corner of a board walk. Soon after the accident I examined the arm, finding both bones of the forearm broken at about the junction of the middle with the upper third. The fracture of the ulna was quite oblique. The appearance of the arm at the joint suggested a dislocation of the head of the radius, but I was not able to decide this point by manipulation.

Dr. E. W. Mitchell, who assisted me in applying the splints, suspected a dislocation; but was unable to make a positive diagnosis. We decided that the reduction of such a dislocation would, under the circumstances, be impossible, and that further manipulations for diagnostic purposes were unjustifiable.

Disregarding the question of a dislocation, we secured and maintained apposition of the broken bones, and prompt union followed. There is now no difficulty in detecting a forward luxation of the head of the radius. The movements of the forearm are but slightly abridged. It is interesting to note what slight inconvenience he seems to suffer from the dislocation. Flexion, as you see, can be carried past a right angle, and supination is but slightly impaired.

With the exception of throwing, which is both painful and inaccurate, he claims to have perfect use of the arm.

Forward luxation of the head of the radius together with fracture of the

shaft is very rare occurrence. If this injury occurred as the boy thinks it did, it is possible that the fracture of the ulna and the dislocation occurred before the fracture of the radius, and that the flexion of the forearm and the overlapping of the oblique fragments of the ulna allowed the head of the radius to impinge on the lower end of the humerus. With the radius in this position it could scarcely escape fracture by the still-acting force.

THE LICK TELESCOPE.

A NEW EYE-PIECE OF MOST WONDERFUL
POWER.

The Lick telescope will in a few weeks be supplemented by a remarkable piece of mechanism. This is an eye-piece which has just been completed at Rochester, N. Y. No other eye-piece of anything like equal dimensions has ever been made. The largest now in use is not over two inches in diameter, while the new piece measures over three inches. The eye-piece is constructed on a perfect theory. There are two lenses, six inches apart. The larger one is called the field lens, and is six and one-half inches in diameter. The other lens is the eye-glass proper. It is composed of three lenses, a double concave, double convex and meniscus, cemented together. The field lens is of brown glass. The meniscus or correcting lens is of flint glass. The light from the heavenly bodies seen through the Lick telescope and this new eye-piece will be 2,000 times as bright as that seen with the naked eye.

—*Pacific Record of Med. and Sur.*

FOR TYMPANITES.

The following formula for tympanites is quoted in the *Deutsche medizinische Wochenschrift*:

R	Naphthol	}	aa 75 grains.
	Magnesium carbonate		
	Pulverized charcoal		
	Oil of peppermint,			10 drops. M.

Divide into 15 powders, of which one is to be given when required.

—*Medical News.*

SOME OBSERVATIONS ON MEDICAL MICROSCOPY.

A Paper read before the Southwestern Ohio Medical Society, at Springfield, Ohio, April 17, 1890,

BY

EDWIN LEFEVRE, M.D.,
SIDNEY, OHIO.

The value of the microscope in enabling us to pass judgment as to the nature and cause of many diseased conditions is now conceded by all intelligent medical men and women the world over.

The laity are so far advanced in medical knowledge that they are demanding at our hands the use of this valuable instrument as an aid in diagnosis, and the physician who fails to respond to this demand must fall behind in the race. A knowledge of the minute structure of the tissues of the body, the changes they undergo in disease, and the means by which these changes are brought about, is the corner-stone of scientific medicine and the only true basis of a rational therapeutics. The following, written in regard to the diagnosis of skin diseases, applies with equal force to other forms of disease: "The day of judging diseases solely by signs is past. The cure on general principles of combating inflammations, of allaying irritation, has given place to the more sound treatment of the structural alterations of the diseased cutis and its source."

In the examination of morbid tissues and the various secretæ and excreta, we gain information which is invaluable to the practitioner. We wish, as far as the time allotted to us will permit, to speak of the use of the microscope in clinical and pathological examinations, what we may and may not expect to accomplish by its use, and to add something in regard to the proper preparation of material for these examinations.

Blood and urine, form the important relation they sustain to the animal economy, the one the great life-giving fluid—the great constructive agent—the other the waste or effete matter result-

ing from tissue metamorphosis, demand our special attention. Any departure from the normal in these fluids indicates a pathological condition.

Blood consists essentially of red and white corpuscles in the proportion of one of the latter to about six hundred of the former floating in an albuminous fluid, the serum or plasma. A cubic millimetre of blood contains about five million red corpuscles. Any departure from the above proportions constitutes a pathological state which is more or less serious, according as it departs from the normal standard. This can usually be determined near enough for practical purposes by examining with a medium-power lens, a drop of fresh blood spread out thinly between a slide and cover-glass. It is possible to determine the relative number of corpuscles accurately by the use of the hæmacytometer, an appliance devised for that purpose. In anæmia the number of red corpuscles may be reduced to less than half their usual number and are paler than normal, owing to the deficiency of hæmoglobin. A great reduction of the red cells may be seen for example in chronic malarial poisoning. In those serious conditions known as leucocytosis and leucocythæmia, there is an absolute as well as relative increase in the number of white corpuscles. The writer has seen one specimen in which they seemed to nearly equal the red corpuscles in number, and it is said that in severe cases they are even in excess of the latter. Microscopic examination is essential to determine these abnormal blood states, and can be used to advantage in noting the progress of all debilitating and wasting diseases in which there is a deterioration of this important fluid. Fatty cells are sometimes seen in blood, probably endothelial cells from the vessel walls which have undergone fatty degeneration—often present during the progress of acute infectious diseases.

In severe malarial poisoning particles of pigment or cells containing pigment are often found in blood. This condition (malanæmia) is usually accompanied by anæmia.

Tumor cells must also exist in the blood when the growths are of a malign-

nant metastatic character, but we could hardly expect to find these on examination.

At least two forms of bacteria are now known to exist in blood—the bacillus anthracis and the spirillum of Obermeier. These micro-organisms have been carefully studied in the blood of patients suffering with malignant pustule and recurrent fever, and there can be no doubt but that they stand in a causative relation to the diseases named.

The bacillus anthracis is of especial interest, as being the bacterium which was first demonstrated to be the cause and only cause of a well-defined disease in man.

The fluid excreted by the kidneys is a fruitful field for the medical microscopist. The kidneys are the scavengers of the body, and the urine represents the waste of the system. In any disordered condition, whenever any of the functions are improperly performed, we are liable to have an increased or diminished excretion of one or more of the constituents that go to make up normal urine, or the presence of some substance or morphological element foreign to the normal state.

The determination of these departures from the normal condition by the aid of the microscope and other means gives us information which is absolutely essential to a correct diagnosis in many forms of disease.

Epithelium in its different forms constitutes one of the most common pathological elements found in urinary sediment. A few scales may be present without exciting any suspicion of disease, and, indeed, generally are found on any examination, but an excessive deposit indicates an inflammatory condition somewhere along the genito-urinary tract.

Knowing the variety of epithelium found in the various parts of the urinary canal, we are often able to locate the seat of irritation. Transitional forms are, however, frequently met with, due to the rapid and consequently imperfect growth and exfoliation of epithelium in this class of cases, so that it is not always possible to locate the disease solely on the character of epi-

thelium found. Vesical epithelium is always present in abundance in irritable states of the bladder and cystitis, except in advanced states of that affection, when, as Skeene says, "the mucous membrane is either destroyed in whole or in part, or is so busy making pus that it produces no higher formations."

The presence of blood and pus globules in urine have a clinical significance which depends largely on their source and quantity. Neither should be found in normal urine, and yet either may be present in small quantity without indicating any serious condition. Pus corpuscles are always present and usually in abundance in inflammation of the bladder and urethra, and may come from any of the genito-urinary organs.

Where there is any doubt as to the character of supposed pus cells the well-known effect of a drop of dilute acetic acid introduced under the cover glass will establish their identity.

Blood cells are found in urine from a variety of causes and various sources. Unfortunately the microscope can not tell us their exact source and their significance. Hæmaturia may exist as the result of a very serious lesion, as, for example, malignant disease of the kidneys, or on the other hand, it might be only supplementary to the function of menstruation. Blood corpuscles expand in urine by imbibition of water and become paler, especially if the urine be of low specific gravity, so that they are often mistaken for other cells. In acid urine of high specific gravity they maintain more nearly their natural form and color for several days.

The presence of tube casts in urine, if in abundance or continuously, is a fact of the gravest significance, and it may be said that they can not be thus found without serious lesion of the kidneys. The character of the casts as revealed by the microscope is also of value in determining the nature and progress of the changes that are going on.

Probably the best division of casts that can be made would be into two general types: the blood cast and the hyaline casts.

The blood cast is the result of an exudation of blood corpuscles and fibrinous material into the tubule and is found in urine as a mass of corpuscles and fibrin elements which have been molded into cylindrical form. It is the only positive evidence of hemorrhage from the kidney, and is usually associated with acute renal congestion.

The hyaline type includes all casts which have as their basis the albuminous or fibrinous portion of the blood only. They may consist solely of this kind of material, or may have in connection with them epithelium in various stages of degeneration. We thus speak of epithelial, nucleated, granular and fatty casts. The hyaline and epithelial casts are generally found in acute Bright's disease and the earlier stages of the chronic form, while the granular and fatty casts as a rule indicate the more advanced stages of chronic nephritis. The diameter of the casts is to be taken into consideration in determining as to the nature of the changes that are going on in the kidney structure. The purely hyaline casts of small diameter would indicate that they have come from tubes which retain their epithelial lining, while the larger ones come from tubes that have been denuded of epithelium, and still larger sizes from those that have become dilated by reason of disease. Delicate hyaline casts are frequently overlooked, especially by those unaccustomed to detecting microscopic objects, unless the examination is made with great care. A drop of some stain, as the ammonia carmine, added to a drop of urine, greatly facilitates the examination. Epithelial cells and other organic matter is also studied much more readily with the aid of some nuclear stain.

The urinary crystals, from the variety and beauty of their formation, are interesting objects of study, and they are not without diagnostic value.

The uric acid deposit indicates the gouty or rheumatic diathesis. The oxalate of lime crystal also found in acid urine is usually associated with some failure of the nervous system. In alkaline urine we have the triple phosphates often found in disease of the bladder—

together with muco-pus. Any of the crystals, together with the amorphous deposit and organic matter found in the bladder—are liable to enter into the formation of calculi and are to be regarded as a possible source of danger. But being warned of the danger we can use such remedial measures as will antagonize the excessive crystalline deposit and thus prevent the formation of stone.

The discovery of those vegetable organisms known as bacteria and the part they play in disease marks an epoch in the history of medicine. This is no longer a vague theory of a few enthusiastic investigators, but is to-day accepted by the medical world, and all our calculations for the future of medicine and surgery must be made largely on this basis. It is now established beyond all doubt that certain diseases, the causes of which were formerly unknown, are due to the rapid multiplication within the body of certain pathogenic bacteria.

We have already alluded to two of these found in connection with splenic and recurrent fever. The bacterium which has been the most carefully studied, and which stands at the head of the list in the point of clinical importance, is the bacillus tuberculosis, in the discovery of which and its relation to the formation of tubercle, Koch has immortalized his name.

That tuberculosis would not result fatally in many cases if recognized early and the patient given the advantage of the most favorable climate and the best therapeutic aid, is now generally admitted. The microscopic examination of the sputa will generally settle the question. The symptoms in many of these cases is misleading, as every practitioner can testify. Thus a careful observer reports as follows: "Samples of sputa from two patients were sent for examination. Patient A's symptoms were the worse, but the sputum did not show any bacilli. In the case of patient B, whose symptoms were not so bad, tubercle bacilli were so numerous that a fatal prognosis was given and the patient died in two weeks, while the other recovered.

Many other diseases are now known to be of bacterial origin, and a diagnosis may in doubtful cases be made by microscopic examination of excreta or sections of diseased tissues.

A higher form of vegetable organisms play an important rôle in the etiology of certain diseases. We refer to the order of fungi. In several forms of disease of the skin and mucous surfaces the condition is due to the presence of a fungus which can be made out with the microscope if properly studied. Thus a few scales from the diseased surface in *tinea versicolor* mounted in a drop of liquor potassa will show the characteristic fungus of that affection. Many of these cases are obstinately chronic without treatment addressed to the cause, and hence the importance of a correct diagnosis.

The examination of vomited and fecal matter will, in many cases, afford valuable information. The contents of the intestines consists largely of food remains. The presence of large quantities of food material in an undigested form, especially of the starch granules, would indicate an abnormal state of the digestive function, a condition often attended with diarrhœa. Epithelial and gland cells and other organic debris is often met with which does not always indicate disease. Mucus and pus cells in large quantity would indicate gastric or intestinal catarrh.

Some forms of bacteria are nearly always found in fecal matter, and fungi, especially of the yeast type, are often found in material vomited from the stomach and are the principal factor, no doubt, in the gastric fermentation. Various kinds of entozoa flourish in the alimentary canal of man, some of which are very unwelcome inhabitants of that important part of our anatomy. We are able, in some cases, to determine their presence by finding the ova in the stools.

In determining as to the nature of the various tumors and abnormal growths with which we are called on to deal, the microscopist sometimes meets with difficulty. We shall not attempt to go into the histology of the various kinds of tumors, but will simply refer to the two

classes into which we divide them for obvious reasons: the benign and malignant. Is the tumor in question some form of carcinoma or sarcoma? This is a question of great importance to the clinician and one which the microscopist is often called on to decide.

Benign tumors rarely ever cause death. Their growth is circumscribed and when removed they do not usually return. The malignant growth, on the other hand, knows no limit to its onward march, but overrides all histological barriers. It has but one tendency—that is, toward death, both local and general; even after apparently complete removal it may return. And unless the removal is very early the system is so thoroughly poisoned as to render it a useless expedient. And herein lies the importance of determining early whether a growth is of malignant character. This is, as we have said, attended with some difficulty, and can not, in every case, be decided by the microscope alone. Cells found in cancerous tissue do not differ materially from those found in other abnormal growths. There is no specific cancer cell.

Carcinoma is a tumor consisting principally of epithelial cells in a connective tissue stroma, but much this same kind of structure is found in growths which are not malignant. A diagnosis of cancer depends rather upon our ability to determine whether the malignant process forces its destructive way through the neighboring tissues without hindrance. This applies to tissues in which epithelium normally exists; if, however, as Friedländer says, we find "epithelial processes, for example, in muscle, bone or lymph glands; then the eroding or metastatic character of the affection is demonstrated and the diagnosis of cancer is made." While the microscope does not always, from the nature of the case, speak with that distinctness we might wish it did, still its use should not be neglected, as it may, and often will, decide as to the question of malignancy.

It may not be out of place for us to say something in regard to the selection and preservation of material for

microscopic examinations. In order to make these examinations of value, care must be exercised in this regard. All the tissues, secreta and excreta, undergo decomposition soon after leaving the body. As soon as removed all solid material should be placed in alcohol, sufficient in quantity to completely cover the specimen. Other preservative fluids have been suggested, but for nearly all tissues alcohol answers the best purpose, both to prevent decomposition and to harden sufficiently for making sections. •

In removing portions of supposed malignant growths the effort should be made to secure such parts as will represent the nature of the pathological process. A small fragment of necrosed tissue from the surface of a malignant ulcer would, of course, avail us nothing. In cancer of the uterus, for example, enough material must be removed to show whether the muscular tissue has been invaded, for unless this is shown a positive diagnosis of cancer of that organ can not be affirmed. Sputa, to be examined for bacilla and other evidence of lung disease, should be expectorated into a salt bottle, and unless the examination is to be made at once a few drops of a solution of carbolic acid should be added to prevent decomposition. The same may be said of material from the alimentary canal and exudation products.

When a complete micro-chemical analysis of urine is desired the entire amount passed in twenty-four hours should be saved in a clean vessel and the quantity determined. About four ounces is sufficient for analytic purposes. The addition of a little salicylic acid will prevent decomposition, which takes place very rapidly in warm weather. It would seem scarcely necessary to say that all material intended for microscopical examination should be placed in wide-mouthed bottles that have been thoroughly cleaned, and which should be at once well-corked or sealed. All extraneous matter should be carefully excluded, if we expect to obtain accurate results.

Examination of blood is best made from a fresh specimen, as it

undergoes changes which render it unfit for diagnostic purposes soon after being withdrawn from the circulation. We can not attempt, in a paper of this character, to go into a discussion of the manipulation of the microscope and the technique of microscopy. The subject is getting to be so extensive as to require a volume to give even its main features. It is a department of medical science that is only acquired by actual demonstration in the laboratory and many days and nights of patient labor and investigation. To use the microscope successfully for purposes of diagnosis so as to be able to give opinions that are of real scientific value, means the mastery of many details, a knowledge of normal and diseased histology, the many elements that enter therein and the many changes that the tissues may undergo in physiological as well as pathological processes. With this knowledge only can we hope to form correct opinions and not merely jump at conclusions. We should understand the principles involved in the microscope, for our success in many investigations depends largely on our ability to manipulate its optical parts to the best advantage. This is especially true of the investigations of micro-organisms, which is now an important feature of microscopy.

Many of the bacteria with which we are acquainted can be demonstrated if well-stained with a power of about five hundred diameters, or such amplification as we would get by the use of a fifth-inch objective and a medium power eye-piece (Bausch & Lomb), but for the successful study of the various forms of bacteria a power double the above should be used, and to this end the best immersion objectives and some form of sub-stage condenser, are essential. In order to study the minute structure of tissues they must be cut into sections thin enough that light may be freely transmitted through them. In this form they will much more readily take up such stains as will bring out prominently those elements of their structure—either of the cells or intercellular substance that we may wish to study. This involves the use of some

form of section cutter or microtome and a knowledge of the use of the general and selective stains.

It is probable that better results would be achieved if in each locality microscopical examinations were given over into the hands of some one who has sufficient practical knowledge of the subject to do the work intelligently, who would devote to it the time and attention which it justly deserves, and who, by the additional revenue derived from this source, would be stimulated to secure the necessary optical apparatus and to keep abreast of the advances that are ever being made in this important branch of medical science. I make this suggestion, for it has seemed to me that the interest of science in the cause of suffering humanity would be the better subserved thereby. It would seem that every county in Southwestern Ohio, a region noted for its able workers in the field of medicine, should have at least one member of the profession who is able and prepared to do practical microscopy, but it is doubtful if this much can be said. These examinations are often neglected because the physician who has the case in hand is not prepared to make them, and there is no one within reach who is equal to the emergency. There is no doubt but that clinical microscopy, supplemented, as the occasion may require, with the proper chemical tests, and if need be, by spectrum analysis, places in our hands a means of diagnosis without which, in many cases, we would grope in the dark. No one engaged in the healing art should be slow to avail himself of the information afforded by the microscope and its accessories, information which enables us the better to cure disease and prolong human life.

THE SALIVA IN SICKNESS, especially in long continued debilitating fevers, is very much weakened. Cooking increases the digestibility of starchy food. Starchy food should be cooked a long time for an invalid.

THE death rate from pneumonia in the aged ranges from 60 to 75 per cent.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of March 31, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

J. M. FRENCH, M.D., Secretary.

DR. J. M. WITHROW made the following report of a case of

Hydramnios.

On March 22, 1890, I was called in consultation by Dr. H. to see a patient who had been having labor pains of considerable severity and regularity for several hours. The physician stated that there was extraordinary abdominal enlargement, and he had been unable to reach the cervix. I found the patient, Mrs. B., aged forty-two, suffering regular pains, lasting about one minute and recurring at intervals of two or three minutes. She was pregnant for the eleventh time, having given birth to ten living children, five of whom were still alive. She was a small woman, thin in flesh and sallow in complexion. There was no swelling of the extremities. Her abdomen was the largest I ever saw, measuring six feet at the umbilicus. The enlargement was chiefly forward, and consequently there was no dyspnea. Indeed, the abdomen was so prominent anteriorly that she could only lie on her side or perfectly flat upon her back, and when in the latter position the slightest movement would cause her to careen to her side. She could not turn in bed without assistance. The skin was so tense that it seemed that the abdomen was in imminent danger of bursting, and moderate pressure made not the slightest impression in the abdominal wall. Upon palpation no child could be felt, the abdomen being perfectly regular and even in all directions. Percussion elicited a distinct fluctuant wave—the waves of fluid in a sac, and not free in the peritoneal cavity. Menstruation had ceased since late in May last, and the gestation

was presumed to be at about the end of the eighth month.

Digital examination failed to discover the cervix, but by introducing the hand partially into the vagina, which was capacious, I found the os patulous to the size of a silver dollar, and its edges thick but quite soft. Protruding slightly from the os, yet not specially tense, I detected the bag of waters, and was quite surprised that it did not grow more prominent or tense during the pains. The membranes were ruptured at once, in the belief that the uterine fibres were so attenuated by the excessive hydramnios as to render their expulsive efforts less effectual than if the uterus were partially emptied. The rupture was followed by a flood which could not be stayed. It gushed forth until the bed was soaked and the patient inundated. It filled the depression in the mattress where she lay and ran above her thighs. It went through the bed and floor and wet the ceiling of the room below. After the deluge enough water was dipped off the top of the mattress to fill an ordinary wooden bucket holding three gallons, and a conservative estimate of the fluid which escaped would make a total of seven gallons—fifty-six pounds.

Labor went on rapidly, and in an hour and a half after the rupture of the membranes she was delivered of an acranial monster of the anencephalous variety, weighing seven pounds. This fetus was a female, similar to the one I exhibited to the Academy in January. The base of the skull was covered, as in the other case, with serous membrane, presumably arachnoid, and at the upper extremity of the spinal cord, whose canal was open, the medulla lay exposed. From my experience with the first case reported, the deformity was diagnosed at once, or as soon as I had pushed up a hand which was carried down by the amniotic torrent, and had brought the vertex into the os by bimanual manipulation. The child was born dead, and probably had died some hours before, for pressure on the medulla failed to produce fetal movements, though the mother had felt life during the day.

The placenta was adherent and was detached by introducing the entire hand into the uterus, after which the cavity was washed out with 1:4000 bichloride solution.

Uterine contraction was only fair, and was reinforced by the administration of a teaspoonful of the fluid extract ergot.

The coincidence of hydramnios in both this case and the similar one reported in January has led to some inquiry into the etiology of the condition.

That but little is clearly known of the cause of amniotic dropsy may be inferred when we are told that the source of the normal fluid is not certainly demonstrated. Most authorities agree that it is partially secreted as a serous fluid from the endothelial layer of the amnion, thus being of maternal origin. Zunst found a blue coloring matter in the amniotic fluid after injecting the sulphindigolate of sodium into the veins of pregnant rabbits, but found no blue discoloration in the fetal kidneys. In proof of the maternal origin of this fluid, it is also noted that in cases where the embryo has been destroyed the amniotic fluid corresponds in amount to the stage of the pregnancy. It is also quite common to find hydramnios and some other serous effusions associated in the mother.

The fetal origin of this secretion is indicated by the fact that the urine of the fetus is often considerable in later gestation, as evidenced by the distension of the bladder at birth in cases of retention. Again, Gusserow, after injecting benzoic acid into the mother, found hippuric acid in the amniotic fluid, showing that it had passed through the fetal kidney. In proof, too, of this position, Miener has found sulphindigolate of soda in the kidney and bladder of the fetus after it had been injected into the mother. The universal presence of urea in the amniotic fluid in the middle and latter part of pregnancy is adduced as further confirmation of its fetal origin. The association of hydramnios with abnormalities of the fetal skin, as in *nævi*, is put in evidence as showing the partial

source of the amniotic fluid in the skin of the fetus.

In neither of the cases reported were any of the above conditions of either mother or fetus detected, so far as investigated. In both, however, there was the same general deformity of the fetus, the exposure of the arachnoid over the base of the skull and the spinal canal opening freely into the general cavity of the amnion.

Robert T. Wilson, of Baltimore, has made an exhaustive study of hydramnios, and collected fourteen cases of extreme distension, in which there was the anencephalus monster in four instances; in four of these cases there were twins. The greatest quantity of liquor amnii recorded in these cases was seven gallons.

The observation of these coincidences, and remembering the general statement of frequent association between fetal monsters and amniotic dropsy, have led me to modestly attempt an explanation of the hydramnios in such cases as these reported. The profuse secretion of fluid from exposed serous membranes has been common knowledge ever since drainage of these surfaces has been the general practice of surgery. Extensive as is this secretion in health, it is greatly augmented by pathological processes and in the presence of irritants. For instance, the amount of discharge which emerges from the drainage-tube after laparotomy, though the secreting surface is reduced to the narrow limits of the surface of the tube, in a few days, or even hours, by a lymph wall cutting off communication with the general peritoneal cavity, is very generally observed.

The same is instanced in the effusions discharged from the drainages of pleural cavities. In the few cases where the ventricles of the brain have been drained, the result is exceedingly profuse, as might be anticipated from a serous membrane in close contact with such a rich blood-supply as that at the base of the brain. Therefore, in these acranial monsters, may not the hydramnios be the result of excessive discharge from the open serous cavities

in the spine and unroofed ventricles of the brain?

DISCUSSION.

DR. GUSTAV ZINKE thought the reporter of this case was to be congratulated upon having observed two such interesting cases of hydramnios, and again upon the excellency of his report, which exhausts almost completely the pathology of the disease. He was a little surprised, however, that the speaker had not dwelt at all upon the differential diagnosis, since it is certainly a disease which many times gives rise to error in diagnosis. Perhaps he is aware that a case occurred not long ago in this city in which a lady was tapped for ascites, and in which the physician, when he returned to the patient in the afternoon, found a pair of twins.

Hydramnios is observed in two forms, the acute and the chronic. The chronic form is the less dangerous to mother and child. It may, indeed, be not recognized until at the time of labor, when an unusually large amount of amniotic fluid will be observed. But it is quite different with the acute form, which is often dangerous to both lives concerned. It will arise very suddenly, attenuate the uterine walls very greatly and so rapidly that additional muscular fibres cannot be formed to strengthen the uterine walls, and thus weakening the same to a dangerous degree. Detachment of the placenta may occur; fatal hemorrhage may take place, and the possibility of rupture of the uterus becomes apparent.

It is not a difficult matter to diagnose a case of acute hydramnion, and, of course, when recognized, there is but one method of treatment to be pursued, and that is to rupture the membranes and secure an early delivery.

As stated in the paper, it is said to depend upon either the maternal or fetal structures, or both. Syphilis has been considered one of the principal factors producing this affection. Other alleged causes are tumors of the uterus and ovaries. But, at any rate, the causes are obscure. In those cases in which hydramnion is attended with monstrosities, of which the anencephalous

variety is the most common form, one has a very plausible explanation offered as to how the amniotic sac could be filled to excess with a large amount of fluid, namely, by a hypersecretion of the exposed meningeal membranes. Next in order of frequency is the presence of twins; here the explanation is sought in the hypersecretion of urine. Modern authorities agree that the fetus secretes urine, which is discharged into the amniotic cavity.

He could not speak, he said in conclusion, from experience on this subject, as he had not seen one; but he could understand how one can be led into error and resort to treatment which is calculated to be detrimental to both mother and child. Some of the best men have made mistakes in this direction.

DR. GILES S. MITCHEL said he was much pleased by the able report of so remarkable a case. Seven gallons of liquor amnii certainly meant hydramnion in the superlative degree. The speaker was familiar with no case in which a larger accumulation had been noted. The reporter's explanation of the causation of the dropsy in his case was, to say the least, plausible, since there is a striking analogy between the pathology of the amnion and other serous membranes. Speaker said since the origin of the amniotic fluid was not definitely determined, it must be largely a matter of speculation in determining causes which operate in producing a pathological condition of that fluid. Zunst, as mentioned by the reporter, after injecting sulphindigolate into the veins of pregnant rabbits and finding coloring matter in the amniotic fluid, but no trace of it in the kidneys of the fetus, concluded that its origin was absolutely maternal. Gusserow, on the other hand, after injecting benzoic acid into the mother, recovered it as hippuric acid in the liquor amnii—a positive proof that it had passed through the kidneys of the fetus. Furthermore, urea is invariably found in the amniotic fluid after the eighth week. That both mother and fetus contribute to the supply of liquor amnii seems the correct view; during the earlier months perhaps the maternal contribution is

most important, and during the latter months of gestation the fetal.

The normal quantity of liquor amnii at term is from one to two pints. Fehling, who maintains that the liquor amnii is altogether derived from the mother, states that the thinner the maternal blood the greater is the quantity of liquor amnii. The speaker said it had been proven that any condition of the fetus that would increase the blood pressure in the umbilical vein, in this way increasing the blood pressure in the placenta, could induce hydramnion. Hence syphilis, by causing a cirrhotic liver in the fetus, is a fruitful source of dropsy of the amnion. Twisting of the cord is also a source of the trouble. Cases have been reported where an abnormal condition of the skin was supposed to be the origin of the increased quantity of the amniotic fluid. Speaker said it was probable that the amnion itself, especially when inflamed, contributed largely to the over-production of the liquor amnii.

The speaker had seen a few years previously a case of amnionitis or acute hydramnion occurring about the eighth month, induced by a blow upon the abdomen. The accumulation of fluid was so rapid as to inflict pain and cause dyspnoea. The abdominal enlargement was not nearly so great as in the case reported, but its rapidity of development was astonishing. Spontaneous rupture occurred in a few days, followed by an apparently healthy child which lived only a few hours. Speaker also reported the case of an anencephalous monster delivered at term in which the amniotic fluid was only slightly increased above the normal. He believed that in a large number of cases of hydramnion excessive discharge of fetal urine was the most important factor.

DR. C. L. BONIFIELD said there was one point in the treatment of these cases which was of importance, but had not been mentioned by those who had spoken this evening. He referred to the method of rupturing the membranes. Syncope may result from the rapid withdrawal of fluid from the uterine as well as from the peritoneal or pleural cavity.

To secure the gradual evacuation of the fluid in hydramnios several methods have been recommended. One is that the membranes be ruptured with a small trocar. But, however small the opening be made, it is very soon enlarged by the rapid and forcible escape of the fluid.

Tarnier ruptures the membranes with his index finger, while the other fingers, folded in the palm of the hand, are pressed firmly against the vulvar opening. He retains his hand in this position during the escape of the fluid, and in this way controls the rapidity of the flow from the vagina, if not from the uterus.

A small curved trocar, or a catheter, may be introduced through the os and for some distance between the uterine wall and the membranes before being made to perforate the latter. This method is sometimes applicable when it becomes necessary to remove a portion of the fluid before labor begins.

If the patient's head be lowered, her hips elevated, and the membranes be ruptured with the fingers during the interval between pains, there will usually be no untoward consequences.

The explanation given by Dr. Withrow for the hydramnios in the case reported seemed to him to be a quite reasonable one. Prochownick has investigated the amniotic fluid chemically and demonstrated the presence of urea. He claims that the fluid is formed during the first half of pregnancy by the skin. At the end of this time the kidneys begin to secrete. Would not addition of urine to the fluid in which it is bathed irritate the arachnoid sufficiently to stimulate it to excessive secretion? Hydramnion does not usually manifest itself before this period of pregnancy, and probably did not in this case.

DR. J. L. CLEVELAND inquired if there is always this open condition of the cerebro-spinal canal in these cases.

DR. WITHROW replied that such was the condition in the case which he reported, but that he had not seen this mentioned as a common occurrence.

DR. CLEVELAND then remarked that he had seen anencephalous monsters in

which this condition was not present, but where there was no hydramnion, and it had occurred to him that if this condition was always present when hydramnion complicates anencephalous monstrosities, the explanation given by the reporter was a very plausible one.

The speaker said, however, that in listening to the report and in thinking over the cases which had occurred in his own practice, he could not but think that none of the explanations that have been given will explain the cause of hydramnion. Certainly the irritation referred to is something which may exist, and we cannot always explain how and why it is. For instance, syphilis is mentioned as a cause, and probably it is the most common cause. The cases of hydramnion which have occurred to me have all, or nearly all, been suspected to be, if not actually known to be, syphilitic. I presume that this term hydramnion is used simply to designate an unusual amount of fluid, and is relative. We know that the amount of fluid varies greatly in different cases.

The speaker had not seen a case of the extent or character of that reported by the essayist; he had, however, seen cases of excessive accumulation of fluid so enormous that it was thought necessary to rupture the membranes, or where the patient experienced great discomfort from it. He had, too, seen cases in which the rapid removal of the fluid had produced a moderate degree of collapse, but never had he seen a case where the patient's life seemed in danger.

DR. E. W. MITCHELL remarked that there is also, in addition to the danger of syncope in the rapid evacuation of the fluid, some danger of change in the normal position of the fetus, and also danger of prolapse of the cord; so that the mention which has been made of these precautions is certainly in place in discussing this subject. There is also, he continued, additional danger after delivery, of hemorrhage, since the uterine walls, having been so enormously stretched, contract much less firmly. There is danger also of premature separation of the placenta. Cer-

tainly, when we take all these features into consideration, the condition is one of considerable danger to the mother as well as to the child.

The speaker had never seen a case of so great accumulation as to be designated hydramnion; but he had seen large accumulations of amniotic fluid. He reported the case of an Irish working woman whom he had attended in her third confinement. She appeared very large. The labor was delayed by the tense character of the membranes. Finally he ruptured them, and sufficient water escaped to deluge the bed. The child was healthy in every way, as were also the cord and placenta. It was simply a case of large accumulation of fluid without anything, apparently, to account for it. According to Lusk, the cause may be either on the part of mother or child; on the part of the mother, it is usually syphilis, giving rise to increased production of fluid.

DR. PALMER being called upon for remarks, replied that he could add nothing to what had already been said. He had seen a great many cases in which there was an abnormally large quantity of fluid, but had never seen so much as twenty-five or thirty pounds. Very much more frequently he had observed diminution of the amniotic fluid, which he considered a much more serious complication. A dry labor, as it is called, is much more to be feared than a condition of hydramnion.

DR. L. FREEMAN inquired how there could be much irritation to the cerebro-spinal membranes, freely bathed as the fetus is during the whole of gestation with an abundance of fluid. And, further, he objected, there are so many cases in which no such irritation can be supposed to exist.

DR. BONIFIELD said he thought the explanation given by the essayist would hold against this objection. There would not probably be much secretion of urine by the fetus until the fifth or sixth month. After that time it was probable that the fluid would become sufficiently irritating to cause irritation of the membranes exposed to it.

DR. TINGLEY asked the essayist if he did not think that the same causes

which operate to fill up the other serous sacs might not operate here to produce hydramnion. He also reported a case of twins, one of four such cases he had attended within the last twelve months. In it he had diagnosticated a condition of hydramnion, and he thought premature labor (at the eighth month) had been induced by the excessive pressure which was produced.

ELECTRIC CURRENTS IN THE SKIN.

The discovery of animal electricity dates from the observations of Galvani in 1786; the subject at once attracted attention, and Galvani and his fellow-countryman Volta were for many succeeding years engaged in a celebrated controversy on the meaning of the phenomena observed. It was not, however, until Nobili, utilizing the discoveries of Oersted and Ampère on the properties of magnetic needles, had constructed a galvanometer, that physiologists were able to demonstrate that Galvani and Volta were both right and both wrong. Galvani was right in maintaining the existence of inherent animal electricity, and wrong in supposing that the contact of two metals with the tissues gave proof of this. Volta was right in considering that galvanism could be produced independently of animal tissues, but wrong in denying altogether that electrical currents existed in them.

The subject of the electrical properties of muscular fibres has since that time been more fully investigated by du Bois-Reymond and Hermann, and more recently a large number of workers both in this country and on the Continent have demonstrated that change of electrical potential occurs during the functional activity of other tissues and organs, of which the electrical organs of fishes, the secreting glands, the brain, and spinal cord may be more particularly mentioned.

The latest explorer in this most interesting region of scientific discovery is Professor J. Tarchanoff, of St. Petersburg. His communication, published in *Pflüger's Archiv*, vol. xlvi, p. 46, is

only of a preliminary nature, and it may be briefly summarized as follows: Electric currents occur in the skin from mental excitation; non-polarisable clay electrodes, connected with Meissner and Meyerstein's delicate galvanometer, were applied to various parts of the surface of the body—hands, fingers, feet, toes, nose, ear, and back—and after compensation of any currents that occurred during rest, the effects of mental stimulation were noted; light tickling with a brush caused, after a somewhat long latent period lasting a few seconds, a gradually increasing strong deflection of the needle. Other sensory stimuli were found to act in the same way; the stimuli used were heat, cold, a needle prick, sound, light, taste, and smell; merely opening the eyes, after they had been closed some time, caused a considerable deflection when the electrodes were connected to the skin of the hand; mental efforts, like calculation, produced currents which varied in amount; and during tense expectation the needle made irregular oscillations. In all these experiments it appeared that the strength of the skin currents depended on the degree to which the part of the skin bearing the electrodes was furnished with sweat glands, and Prof. Tarchanoff considers it possible that the currents are intimately associated with the varying activity of their glandular epithelium.

Such an investigation as this is fraught with many difficulties, and we look forward to the full account of the experiments in order to see whether these have been successfully combated, and whether the indications of the galvanometer can be reduced to any fixed law, or whether they are merely of an irregular, uncertain nature. Hermann demonstrated, many years ago, that the cutaneous glands of the frog showed well-marked electrical changes on activity. These results have in this country been confirmed by Bradford and Bayliss, and the former of these two observers has demonstrated that similar phenomena are observable in the salivary glands. We know also that severe mental acts and emotions are associated not only with increased activity of the sweat

glands, but also with vasomotor disturbances; less severe mental activity may, therefore, probably be associated with an increase or diminution of function in the secreting cells of the sweat glands which is hardly perceptible except to the most delicate of galvanometers.

There appear, therefore, *a priori* reasons why Professor Tarchanoff's explanation should be accepted; there are, however, many factors which have to be eliminated or allowed for. In the first place vasomotor actions with associated changes in the rate of blood flow would doubtless produce deflections of the needle independently of any changes in the secretory activity; the same may be said as to the occurrence of slight and almost unnoticeable contractions of the skeletal muscles, which the so-called thought-readers have managed to grapple with. The influence of the heart-beat must be allowed for and the greatest caution would also have to be exercised during an experiment, to prevent the contacts of the electrodes from getting shifted, and also to keep them absolutely at the same temperature.

Until we see how Professor Tarchanoff has overcome these difficulties, as well as others we have not enumerated, our attitude should be one rather of observant expectancy than of conviction; we cannot, however, withhold our praise from an investigator who has ventured to attack this most difficult subject, and it is to be hoped that, even if his experiments can not be accepted in their entirety, he will at least pave a way for those who follow him.

—*British Med. Journal.*

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Translations.

SYRINGOMYELIA.

Translated from the *Journal de Medecin et de Chirurgie Pratique*, Tome LX,
le Cahier.

BY

JAMES M. FRENCH, M.D.,
CINCINNATI.

Syringomyelia is a comparatively rare affection. The name has for many years been little more than known. But there have been recently produced a large number of articles on the subject which have attracted much attention and have brought out some new facts regarding the disease. We desire here only to give the indications necessary for the diagnosis of the affection, borrowing the elements for this short review from the very complete article by M. Bruhl in the *Archives de Medicin* and a lecture by M. Charcot which appears in the *Bulletin Medical*.

The word *syringomyelia* signifies etymologically a tubular marrow, or, in other words, a cord that is excavated by a canal or cavity. According to the definition of M. Bruhl, it is a disease characterized anatomically by a lesion of the marrow tending to the formation of a central cavity of varying dimensions, and clinically by disturbances of sensibility, chiefly analgesia and thermo-anæsthesia, usually accompanied by muscular atrophy.

Cavities of the spinal cord are not extremely rare, but are occasionally met upon autopsy where they had produced no particular symptoms during life. But the disease under consideration is a distinct morbid process, a gliomatous degeneration. It is thus described by M. Charcot: The disease commences as a neoplastic growth, showing especial predilection for the gray matter of the cord. The glioma is characterized by large cells with multiple prolongations arranged in opposing groups, and constituting, as would any other tumor, either an infiltrating growth or an isolated mass resembling a foreign body. The neoplasm in its growth encroaches upon the nerve elements of the neigh-

borhood, and causes them soon to undergo retrograde changes, and thus the cavity is formed. At this period of the disease the cord presents the following appearance: There is in the centre a cavity of variable size, just as though the gray commissure and a greater part of the posterior horn had been removed by a punch. The posterior gray matter is, in fact, a favorite location for the neoplasm, and sometimes it extends laterally to the anterior horns.

In addition to these essential lesions, the process necessarily produces disturbances in the neighborhood, accidental or contingent lesions, among the most common of which is extension of the lesion to the lateral and posterior root-zones. These are all induced by the lesion itself, and the effect is, as it were, the addition of certain accessory symptoms to the original clinical picture—tabetic phenomena or spasmodic movements.

Finally, the lesion occupies, as a rule, the entire length of the cord, in some cases even reaching up to the bulb (roots of the fifth pair); generally it is most pronounced at the cervico-brachial enlargement. It is for this reason that the disease not infrequently first declares itself in the form of cervical paraplegia.

M. Charcot further remarks that this knowledge of the lesions enables us to forecast the symptoms which it produces. The principal lesion of syringomyelia is the destruction of nerve tissue, and especially that of the gray matter in the posterior horns.

Now it is generally accepted that muscular atrophy depends upon a lesion of the anterior horns, and that sensory impressions are due to changes occurring in the posterior horns; such is at least the order in which they have been observed. Certain it is that a destruction of the gray matter of the anterior horns at the level of the cervical enlargement of the cord will determine a progressive muscular atrophy of the upper extremities, and a degeneration of the posterior horns of the gray matter produces a disturbance of sensibility which is peculiar in the fact that there is a diminution of the power to perceive

painful impressions, and a diminution of the sensibility to temperature, while the tactile sense remains intact.

These are, in fact, the features which belong to the symptomatology of syringomyelia, but individual cases present wide divergence of symptoms. The sensibility to temperature appears to be the first to be affected. As a rule, the individual does not recognize this loss of sense until his attention is called to it by the receipt of a severe burn without pain. In a case of M. Déjérine a large number of old cicatrices of burns were found, and the fact was established that the thermo-anæsthesia had slowly increased for more than forty years. It is exceptional, however, that an individual should at an early period lose the appreciation of intense cold or a high degree of heat. It is also remarkable that this phenomenon does not follow any recognized anatomical basis in its distribution, but that the affected zones seem rather to correspond to certain segments of the spinal cord.

But there is often in certain regions a pronounced hyperæsthesia, although the thermal anæsthesia is usually accompanied by analgesia of the integument more or less generalized, or distributed in zones. Yet the sense of touch is preserved.

These disturbances are very characteristic, the distinguishing feature being the fact that sensation is not affected in all its properties. There is, as it were, a dissociation of the various properties of sensation, and it is this peculiar feature that is not met with in any other disease with which we are acquainted, except in certain forms of hysteria, a fact which has been established by M. Charcot. The remaining integrity of the muscular sense and the almost entire absence of disturbance of the special senses form a striking contrast to what is observed in most of the diseases which affect the general faculty of sensation.

Disturbances of motion are also frequent, but various, and much less characteristic. That most commonly observed is a paresis affecting by preference the lower extremities; when it extends to the upper extremity, move-

ments are executed with less precision, the hands become awkward. This is always manifested by change in the individual's chirography.

The most constant symptom, aside from the disturbances of sense, is muscular atrophy. This may be considered a trophic disturbance. It most frequently affects the upper extremities, and particularly the hand, which becomes clawed, closely resembling the deformity which results from progressive muscular atrophy. It is not at all improbable that some cases of syringomyelia have been regarded as those of the latter disease on account of this resemblance. This atrophy, at first attacking, it may be, several muscles of the upper extremity, progresses slowly, but shows a tendency to become generalized. It may, however, remain stationary for several years. Usually the affection is symmetrical, but it may be more pronounced upon one side. These trophic disturbances are among the most constant lesions of the disease, and may invade not only the muscular system, but also the skin, the subcutaneous cellular tissue, and the osseous system. The cutaneous disorders consist for the most part in eruptions of herpes, of persistent eczemas, of urticaria, of bulous of phlyctenular eruptions, and sometimes of a considerable thickening of the epidermis of the extremities; the nails become affected, and there is established a phlegmonous disease of the hands, resembling a whitlow, but without causing pain, thus bearing resemblance to Morvan's disease. Nevertheless, an autopsy made in the latter disease has demonstrated the non-identity of the two affections. Finally, such trophic disturbances as fragilitas ossium, hyperostoses, and arthrites are very frequent; their existence is not infrequently indicated by the presence of a scoliosis whose cause is not easily determined.

In regard to the phenomena which occur as accessories to the disease and depend upon an extension of the lesion to neighboring parts; there are certain ataxic manifestations if the posterior columns have become affected, or there may be spasms, contractures, bulbar

disorders, etc. It is difficult to give the exact details of the progress of the disease, since it has been carefully observed in so small a number of cases. By some authors it is regarded as congenital, remaining for a long time latent, for it is seldom observed earlier than from the twentieth to the fortieth year. Aside from this we have no explanation for its origin. Its duration is usually prolonged, but it is not, as a rule, many years after the commencement of the disease until the patient becomes bedridden and powerless; bed-sores develop, and finally death ensues in a manner common to all chronic nervous diseases.

It is probable that, attention having now been directed to this disease, its diagnosis will become better known, and particularly since it is not difficult when the disease progresses with regularity. It is more difficult, however, when the affection is accompanied by other manifestations which depend upon secondary lesions. It is more especially in these cases that the disease is confounded with progressive muscular atrophy, amyotrophic lateral sclerosis, tabes, hypertrophic pachymeningitis, or multiple neuritis. All these affections possess certain features common to it, but none of them possess to any marked degree the dissociation of sensation. M. Charcot has, however, cited the case of a hysterical male who presented this phenomenon in so marked a degree that an error of diagnosis would have been committed had not the rapid onset and sudden termination of the disease, together with some very skilfully counterfeited cicatrices demonstrated their hysterical nature.

Although the course of the disease is gradually fatal, there is the possibility of holding it in check to some extent by means of general treatment consisting of the employment of tonics and the iodides, and by local treatment consisting chiefly in the application of active revulsives over the entire length of the vertebral column.

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ARISTOL IN SKIN DISEASES.

Aristol promises to become a desirable substitute for iodoform, and iodol in the treatment of diseases of the skin. It is to be preferred to the former because it is odorless. It is described in *Le Progrès Médical* as a redish brown precipitate obtained by the action of thymol dissolved with the aid of caustic soda, upon a solution of iodine with iodide of potassium. It is therefore a biniodide of dithymol. It is insoluble in water, slightly soluble in alcohol and freely soluble in ether. It is used in the powder form or is made into a salve or for application to wounds, sores, burns, etc. It is not absorbed into the system and has no toxic action. It has proved as efficacious as chrysarobin in the treatment of psoriasis, and does not discolor the skin or produce conjunctivitis. Eichhoff recommends a salve composed of

Aristol, Dij—vij.
Vaseline, 3j.

The surface may be covered after the application of the salve with gutta-percha. The application is renewed, after a washing of the surface, two or three times a day.

J. M. F.

ANTIMONY IN INFLAMMATIONS.

The following note deals briefly with the use of small frequently repeated doses of antimony to arrest inflammation. In the Report for 1885, attention was drawn to the fact that Dr. Kent Spender, of Bath, had pointed out, in the March (1885) number of the *Practitioner*, that antimony in frequently repeated small doses (one-sixth of a grain of tartar emetic, every hour or two hours) has the power of completely dissipating early local inflammations. Acting on Dr. Spender's suggestion, the treatment of surgical inflammation by antimony in small doses, frequently repeated, was commenced in the Afzalgunj Hospital in May, 1885. We have gradually extended its use, and have now come to look upon it as one of the most valuable drugs we possess, and as useful in local inflammations as quinine is in malarious fever.

It prevents and arrests inflammation, if this is not originated or kept up by a specific or septic cause. There is nothing new in the employment of antimony to arrest inflammations, but all Lauder Brunton says about it is: "For its diaphoretic action, antimony has been used to arrest inflammations, such as catarrh, and to check febrile conditions; for this purpose it is not infrequently given as tartar emetic, in doses of one-sixteenth grain frequently repeated, or as James' powder." There must be more than the diaphoretic action in the effect which antimony in small frequently repeated doses has upon inflammation, thought at present it may not be understood. But it is not yet understood how it is that the well-known tolerance of antimony sets in after the drug has been administered several times, either in large or small doses, nor is it understood how it is that antimony increases the frequency of the heart's action. There is something about antimony which requires to be worked out, and in my opinion it will well repay anybody who has the time to do it, to inquire thoroughly into the action of this drug on the system in health and disease. In all inflammatory diseases, which are not of a specific nature, antimony is always used in the Afzalgunj Hospital. It may be given without fear of causing nausea and diarrhœa or depression, even in diseases where its use would appear to be contra-indicated. For example, during the last year we have employed it with un-failing success in mucous enteritis, which is of all diseases the most fatal to children in the plains of India. In these cases it arrests the diarrhœa and fever when nothing else will. On the other hand, we have employed it lately in the treatment of typhoid fever, and have found that it cuts the disease short with such certainty that it almost appears doubtful whether the lesion of typhoid is specific or is not rather incidental or adventitious. In typhoid fever, no less than in mucous enteritis, the diarrhœa depends upon an inflammation of the intestine, and though at first sight it might be thought that antimony would increase the diarrhœa, it

actually stops it, for the simple reason that it arrests the inflammation which causes it. I have had great difficulty in making the *hakims* in the Nizam's service use it, on account of the impression which prevails that antimony lowers or depresses the heart's action.⁽¹⁾ But it has no lowering effect unless it is pushed so far as to cause its own peculiar nausea and diarrhœa. On the contrary, it increases the frequency of the heart's action, while slightly lowering the blood-pressure. Tolerance of the drug is very soon established, it can be administered with cardiac tonics, and there are few, if any, cases which are susceptible of benefit by it in which it cannot be employed in sufficient quantity to do good without any fear whatever of inducing depression.—LAWRIE, *The Practitioner*.

THE EHRLICH TEST FOR TYPHOID FEVER.

However satisfactory the isolation of the typhoid bacillus from the fæces or blood of a typhoid patient may be to

1 I was lately attending the sister (aged eleven) of one of the *hakims* (doctors) in His Highness' service during an attack of typhoid fever. I ordered her the wine of antimony in ten minims doses every hour, but I could not persuade the *hakim* to give it regularly, or even frequently, on account of the unfounded dread which he entertained of its depressing effects, and the girl got steadily worse until the nineteenth day. After seeing her in the morning of this day, I received an urgent message about noon to say she was dying. I at once went to her, and found her almost *in extremis*, the belly was very tympanitic, and the diarrhœa continuous and involuntary, the temperature 105.2°, the pulse over 160 and almost uncountable, and she was in a low state of delirium. I knew I could not persuade the *hakim* to give her antimony and felt sure she would die without it. I therefore prescribed a strong stimulating mixture containing strophanthus, ether, and ammonia, to be given every hour; but I sent word privately to my dresser to add fifteen minims of antimonial wine to each dose. An English nurse was nursing the girl, and as the *hakim* thought the mixture contained no antimony, he and the nurse together gave it regularly every hour. The effect was magical, and after twelve doses all the symptoms gradually abated and the child recovered. She took the fifteen minims of antimonial wine (grain one-sixteenth of the tartar emetic) every hour, until she was completely out of danger, and had altogether twelve doses.

the diagnostician possessing the facilities of a bacteriological laboratory, it must be confessed that it can not well be adopted as a routine method by the ordinary practitioner, granting that private patients would always be complaisant and permit of the introduction of a hypodermic needle to obtain blood from the spleen. The mass of literature that records the protean phases of this disease, and the acknowledged fallibility of all symptoms excepting those of the inflammation of Peyer's patches and the solitary glands, that can, unfortunately, be inspected only when it is too late to benefit the patient, sufficiently attest the desirability of some new method to confirm the diagnosis.

Recently two observers have reported favorably on the method by Ehrlich's test, a test that can not well be called new, having been published in 1882, but that does not seem to have attracted much attention. Two solutions are prepared: one containing seventy-two minims of hydrochloric acid and ten grains of sulphanilic acid in three ounces of distilled water; and the other a freshly prepared half-per cent. solution of sodic nitrite in distilled water. Twenty-five parts of the first solution and one part of the second are mixed with twenty-six parts of the patient's urine, and the mixture is rendered alkaline by the addition of strong ammonia-water. In urine from a typhoid-fever patient a bright orange-red color appears.

Dr. Howard Taylor, in the *Lancet*, about a year ago, reported a number of experiments that he had made with the test. In normal urine a mere deepening of color was observed, and, while this was usually of a brown color, very rarely a faint reddish tint was discernible. In albuminous urines the red color was occasionally observed, but almost invariably the patients had high temperatures. Out of a large number of cases of heart disease, only once did the urine give the red reaction. And once in six cases of chorea the action was obtained. In measles the reaction was rather common, but it was absent in diabetes, in acute tuberculosis, and in lobar and lobular pneumonia. The re-

action was always obtained in typhoid fever, and the author concludes that if the disease has lasted a week the deep rose-color of the urine is good confirmatory evidence that the case is one of enteric fever. It is to be noted that the diseases that have occasionally given the reaction are not apt to present symptoms that might be mistaken for those of typhoid fever.

Confirmatory of the value of the test is the recent report of Dr. Pasteur, of the Middlesex Hospital. In seven cases of genuine typhoid fever the reaction was well marked during the first fortnight, though the test failed in two cases after the end of the third week. In one case of supposed typhoid the test failed, and the necropsy revealed a healthy small intestine, but an ulcerated colon. The test also failed in febricula, pneumonia, purulent peritonitis, and perityphlitis.

The special value of the test seems to be in the early stage of the disease, when the difficulty of diagnosis is greatest. The reaction seems to be due to the ptomaine formed in typhoid fever, and the formation of a similar alkaloid in some other diseases is probably the reason for the occasional result obtained. It might be worth while to make more frequent use of a test that is so easily applied, and that seems always to call forth the characteristic reaction with urine from a typhoid-fever patient.

—*N. Y. Med. Journal.*

THE EFFECT OF ANTIPYRIN ON THE SOLUBILITY OF CAFFEINE.

Tanret has shown that in adding to caffeine nearly its own weight of salicylate or benzoate of sodium the solubility of caffeine in water is greatly increased. In the *Répertoire de Pharmacie* for February 10, 1890, attention is called to the fact that antipyrin likewise possesses a similar property of increasing the solubility of the salts of quinine, and likewise added to caffeine increases the solubility of the latter. It is claimed that it is only necessary to add to the caffeine an equal weight of antipyrin to render the former substance

entirely soluble in cold water. With warm water it is claimed that it is possible to dissolve seven and one-half grains of caffeine in one hundred and sixty minims of distilled water by the addition of twelve grains of antipyrin, and that the solution so produced is permanently limpid. This increase of the solubility of caffeine by the addition of antipyrin greatly favors its subcutaneous administration, since through its aid fifteen grains of caffeine may be dissolved in three ounces of water, so that the use of caffeine in neuralgia or migraine will be greatly facilitated by the combination with it of antipyrin; further, the antipyrin may be expected, in these affections, to increase the probability of cure. — *Therapeutic Gazette*.

CAFFEINE.

Caffeine has hitherto been believed to be a substitute for food, but, according to Professor Germain Sée, it furnishes only the primary tonic stimulation. A paper, recently read before the Academy of Medicine by Professor Sée on the subject, winds up with the following conclusions:

1. Caffeine, in small and repeated doses (sixty centigrammes) per day, and which may be prescribed with advantage to soldiers on march, facilitates muscular work, in augmenting the activity not directly of the muscle itself, but of the motor nervous system, as much cerebral as medullary. The consequence of this double action is to diminish the sensation of effort and fatigue which constitutes a nervous phenomenon.

2. Caffeine prevents, dyspnoea and palpitations following effort.

3. A man who gives himself up to prolonged violent exercise acquires the qualities of training.

4. In producing this excitation of the cerebro-spinal motor system, on which depends the augmentation of muscular tonicity, caffeine augments the waste of the carbon of the organism and particularly of the muscles, but it does not restrain the waste of the nitrogenous substances; it is, therefore, not in reality a means of retarding the

wear and tear of the tissues (moyen d'épargne).

5. Caffeine, therefore, has not the property of replacing aliments; it only replaces the general tonic excitation which is produced by the ingestion of aliments. Thus it may be seen that the so-called "médicaments d'épargne," which were once so much vaunted, are daily losing credit. The legendary coca of Peru is also losing the beneficial properties attributed to it.

—*N. Y. Med. Record*.

HYPERTROPHY OF TONSILS.

In order to determine the relations of hypertrophy of the tonsils in childhood to the general physical development of the children concerned, Dr. Upsenski examined the pupils of two military schools, between the ages of ten and fourteen, finding among them fifty-two cases in which hypertrophy existed. Of these, twenty were deficient as to height, weight, and circumference of the chest for their respective ages. A few were myopic; thirty-seven lacked acuteness of hearing; most of them were anæmic, with weak and hoarse voice. Breathing through the nose was difficult, and in most of the cases obstructed. With the tonsillar hypertrophy there was also granular or atrophic pharyngitis in almost every case, and in many there was swelling of the glands of the cervical and submaxillary region. In twelve cases the uvula was deviated to the right, in eight to the left; but this had no bearing on the hearing in these cases. In eighteen of the cases the father was dead, in seven the mother, the cause of death in most cases being some form of chest disease. The conclusion which was drawn from the study of these cases was, that between tonsillar hypertrophy and physical and psychical development there exist relations which rest for the most part, if not exclusively, upon inheritance.

—*Boston Med. and Surg. Journal*.

DYERS, of Hanover, employs venesection in small quantities, oft repeated in obstinate cases of chlorosis.


THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, May 3. 1890.

The Week.

MEDICAL EDUCATION—MEDICAL COLLEGES.

Dr. John H. Rauch, Secretary of the Illinois State Board of Health, has just issued a statistical report that embodies very much that is of special interest to all practitioners of medicine. In it we find a brief reference to all medical schools in the United States, with a table of matriculates and graduates for a series of years, date of organization, course of instruction, number of teachers, fees, requirements for admission and graduation.

From this report we note the following fraudulent institutions in this city: "The American Health College," where the faculty embraces but one person, who claims to teach the great vitapathic system, which he originated and copyrighted. "The Medical University of Ohio" is another fraudulent affair, with an entire faculty constituted of one person. There is no college building, and the faculty of one occupies an obscure office room, with no evidence of students, skeletons or manikin.

"The Ohio College of Obstetrics, Medicine and Midwifery," formerly of Indianapolis, Ind., exists only in a letter-box in the Post-office, and has a faculty of one, from whose office, located in Covington, Ky., circulars are issued.

There should be enacted a law in this State that would effectually close up such so-called schools and universities. Those named are not the only fraudulent ones in the State, but complete the list in this city, so far as known to us.

Dr. Rauch reports with fidelity the status of the reputable schools and colleges, from which we are pleased to note, in heavy black type, this announcement after the Medical College of Ohio, the Miami Medical College, and the Woman's Medical College, that "after the session of 1890-91 four years' professional study and three regular courses of lectures will be required as conditions of graduation." The same or similar statements follow the reports of all the better equipped schools.

It is fondly hoped that at the meeting of college representatives that is to take place in Nashville this month, as nearly as possible a uniform course will be agreed upon as constituting the student's medical educational curriculum.

The above noted requirements of an entrance examination and extension of the course of study is the marking of an era that will elicit the plaudits of every right-minded, high-toned physician in our land. It will be the laying of a broad and sound foundation for the medical profession of the future. On this foundation will be erected a superstructure that will be an effectual barrier to those who would seek the honors and emoluments of a learned profession with only a superficial preparation and a smattering education.

Taking but a glimpse at the retrospect of the past, we are filled with wonder and a profound admiration for the work the fathers have accomplished in fitting the present generation to take such a stride as that announced for the immediate future in black letters in Dr. Rauch's report.

This advance, and improved course, forecasts a necessity for large outlays on the part of the schools and colleges, for the very latest and best facilities for teaching, in the way of costly laboratories, libraries, charts and instruments, in addition to means for direct clinical instruction. This will become so imperative that it will only be possible to conduct such an institution with any degree of success after a very large outlay of capital of the cash variety. This will necessitate the founding of endowed medical colleges and in some instances a consolidation of existing institutions.

No good reason can be given why the man who gives of his time, talents and labor to the instruction of a class of students should not receive a stable and reasonable compensation, and in the evolution that is even now taking place the thoughts of educators should be turned in that direction. This will not long remain a matter of choice, but will very soon present itself as a crying necessity, the outgrowth of which will result in a strengthening of the strong, while a large percentage of the weak will go to the wall. This will involve cases of individual hardship and loss, but after all there will be a survival of the fittest.

This is an age that is marked by the aggregation of immense fortunes, the exploiting of gigantic enterprises, and the coöperation and consolidation of vast interests. Educational schemes and interests are bound to follow in this

track of trade; it is as inevitable as a law of nature. Men of means will give of their wealth to strengthen the strong, and even that which the weak have will be taken away from them and given to those that have an abundance.

This is exemplified in the case of the old and already prosperous schools in the East, where an intimation of a place where additional funds would be useful is at once responded to in the most lavish manner.

Laggards always get left, and there is no safe place for a medical college except in the front rank, with the right foot stepping forward.

OH FIE!

"A bill to repeal the statute requiring the preliminary education of medical students has already passed to its third reading in the New York Legislature. This repeal is called for by Dr. Austin Flint and others in the interests of certain colleges on the ground that a large portion of the medical students graduated in the medical colleges of this country are from New York colleges; that the students spend here over a million dollars every winter, and that the act requiring a preliminary examination drives students to colleges out of the State and should therefore be abolished."

We bow our heads in shame when we read the above, to think that our great Empire State should be the first to lead off in this direction—a State to which we have been taught to look as our peer in educational matters.

We are opposed to any move which in any way has a tendency to lower the standard of education, medical, literary or otherwise. The above law already had given promise of excellent results, and now to ask its repeal simply because there is a possibility of diminishing the funds in college treasuries, is mercenary in the extreme.

—*Kansas Med. Journal.*

Well and bravely said by our *Kansas confrère*. The remedy for such indications of locomotor ataxia as are noted above in the case of Dr. Flint, can be relieved, if not permanently cured, by active antiphlogistic treatment — a

withholding of supplies (Western students), counter-irritants in the way of spiced protests, and the dissemination of evidence that the medical schools and colleges located in the large cities of the Central and Western states offer just as good advantages to the student as may be found in the Atlantic Metropolis, where so many of the leading lights in our profession have their eyes congenitally set bias, and unfortunately suffer from a peculiar form of myopia.

We are not without hope that a judicious course of treatment, as above outlined, will affect a permanent cure. The medicine will be hard to take, and is described as bitter, nauseating and weakening; but that is the only way to get down to a bed-rock foundation on which to build up a new constitution with the old imperfections eliminated. All pap not native should be withheld.

THE JOURNAL OF THE MEDICAL COLLEGE OF OHIO.—Following in the footprints of Jefferson Medical College, with its *College and Clinical Record*, and the University of Pennsylvania, with its *University Medical Magazine*, the Faculty of the Medical College of Ohio have concluded to further the interests of their college by the publication of a monthly journal with the above title. Dr. James M. French is selected as the editor. A better choice could not have been made. With a large and varied experience as a writer, and the personal acquaintance and friendship of a host of doctors, he will make the journal go from the beginning. A more congenial neighbor and co-worker in the same field could not be named.

THE AMERICAN MEDICAL EDITORS'

ASSOCIATION, Dr. I. N. Love, of St. Louis, President, will meet in the dental department of Vanderbilt University, Nashville, Tennessee, Monday evening, May 19.

LOCAL SOCIETY NOTICES.

CINCINNATI MEDICAL SOCIETY.—

Tuesday, May 6, Dr. JOSEPH EICHBERG will read a paper entitled "Focal Myelitis with Secondary Ascending and Descending Degeneration;" Dr. C. R. HOLMES will report a case of "Anophthalmia."

MIAMI VALLEY MEDICAL SOCIETY.

—The Twenty-fifth Semi-annual Session of the Miami Valley Medical Society will be held at Loveland, Ohio, on Tuesday, May 6, 1890, at 9:30 A. M.

The following members will read papers:

DR. G. L. KREIGER, Madisonville, "Epilepsy as Gleaned from two Prize Essays."

DR. N. I. SCOTT, Norwood, "Noma."

DR. F. H. DARBY, Moriow, subject not reported.

DR. R. T. TRIMBLE, New Vienna, "Rupture of the Heart"—a case.

DR. E. J. TICHENOR, Lebanon, "Perineal Support."

DR. R. C. BELT, Milford, subject not reported

Arrangements are to be made at this meeting for a day at Epworth Heights, to be devoted to the interests of medicine and surgery.

It is important that all members be present.

A. MORRIS, *President*, Goshen.

WM. SCOTT, *Secretary*, Loveland.

It is probable that the good results obtainable by lime-water, in gastro-intestinal disorders, are due to its antiseptic action.

In many cases of coccygodynia, Parvin claims, the hypodermic injection of warm water gives great relief.

HEALTH DEPARTMENT OF
CINCINNATI.Statement of Contagious Diseases
for week ending April 26, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid fever.		Croup not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	5						2					
2.....							3		1			
3.....									1		1	
4.....	17	1	2		1				1			
5.....	3						1					
6.....	2		1									
7.....												
8.....												
9.....	3						1					
10.....	1						3		1			
11.....	1						2		1			
12.....	6		1		2		2		1			
13.....							2		1		1	1
14.....												
15.....												
16.....												
17.....	1											
18.....							1					
19.....	1						1					
20.....							1					
21.....												
22.....									1	1	1	1
23.....	1											
24.....												
25.....												
26.....	9	1										
27.....							2					
28.....									1			
29.....												
30.....	1						6				1	1
Cin. Hosp.												
Good Sam. Hosp.												
Totals	51	2	4		3		27	9	2		3	3
Last week.	12	1			12	2	9	4	3		1	3

The following is the mortality report
for the week ending April 26, 1890.

Croup.....	2
Diphtheria.....	9
Measles.....	2
Scarlatina.....	1
Typhoid Fever.....	2
Other Zymotic Diseases.....	6—22
Cancer.....	5
Consumption.....	17
Other Constitutional Diseases.....	0—22
Bright's Disease.....	2
Bronchitis.....	7

Heart Disease.....	6
Meningitis.....	6
Nephritis.....	3
Pneumonia.....	18
Other Local Diseases.....	27—69
Deaths from Developmental Diseases.....	8
Death from Violence.....	7
Death from Unknown Causes.....	3

Deaths from all Causes.....	131
Annual Death-rate per 1,000.....	20.96
Deaths for corresponding week in 1889....	128
Deaths for corresponding week in 1888....	118

J. W. PRENDERGAST, M.D.,
Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health
officers in 53 cities and towns during
the week ending April 25, 1890:*Diphtheria:* Cincinnati, 27 cases, 9 deaths; Toledo, 11 cases, 4 deaths; Cleveland, 7 cases, 3 deaths; Piqua, 4 cases; Columbus, 3 cases 1 death; Beverly, 3 cases; Springfield, 2 cases; Middletown, 1 case, 1 death; Findlay, 1 case, 1 death; Youngstown, Chillicothe, New Vienna and Millersburg, one case each.*Scarlet Fever:* Cleveland, 8 cases; Springfield, Hartwell and Toledo, each 6 cases; Dayton and Urbana, each 5 cases; Columbus and Cincinnati, each 4 cases; Chillicothe, 3 cases; Youngstown, 2 cases, 1 death; Bloomville, 2 cases; Defiance, Ada, Clestline and Norwalk, each 1 case.*Typhoid Fever:* Cleveland, 3 deaths; Cincinnati, 2 deaths; Youngstown, 1 death; Ironton, 1 case.*Measles:* Cincinnati, 51 cases, 2 deaths; Middletown, 19 cases; Garrettsville, 18 cases; Cleveland, 14 cases, 7 deaths; Warren 12 cases; Ada, 10 cases; Findlay, 9 cases; Geneva, 6 cases; Ravenna, 5 cases; Springfield, 3 cases; Defiance, Richwood, Urichsville, each 2 cases; one case each in Youngstown, Mansfield and Olmsted Township.*Whooping-Cough:* Ada, 15 cases; Defiance, 4 cases; Cincinnati, 3 cases; Cleveland, 1 death.

The following places report no infectious diseases present: Kent, Salem, West Alexandria, Painesville, Springboro, Zanesville, Fortoria, Felicity, Bainbridge, Rawson, Smithville, Chester Hill, Edison, Dalton, Arcanum, Versailles, Wahash Township (Darke County), Pike Township (Stark County).

C. O. PROBST, M.D., Secretary.

THE WILLIAM F. JENKS MEMORIAL
PRIZE.

The Second Triennial Prize, of four hundred and fifty dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "The Symptomatology

and Treatment of the Nervous Disorders following the Acute Infectious Diseases of Infancy and Childhood."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Disease of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1892, addressed to Louis Starr, M.D., Chairman of the William F. Jenks Prize Committee.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by the respective writers, or their agents, within one year.

The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

A MISSIONARY MEDICAL COLLEGE.

A bill to incorporate a Missionary Medical College in New York City has passed the State Senate, and seems

likely to get through the Assembly. The bill provides for the creation of an institution which shall grant medical diplomas on condition that the persons using them practice out of this country. There is no evidence that the proposed medical institution can and will give thorough medical instruction, and it looks very much like a diploma-mill floating a gospel banner. If medicine is to help the missionary cause it can only be through physicians well qualified in their calling, and the proposal to establish a new medical college which shall take clergymen and make cheap doctors of them seems most unwise in every way. We trust that the bill will be killed.—*Med. Record.*

CONSUMPTION.— Dr. Huidekoper, a leading veterinary authority in medicine, says that half the consumption in the country is due to tuberculous cattle.

IN the March number of the *London Medical Recorder* appears the following article, commendatory of a well-known American product:

"Listerine is an antiseptic and deodorizing preparation which has for many years been a favorite with American surgeons. Its qualities are due to the essential antiseptic constituents of thyme, eucalyptus, baptisia, gaultheria and mentha arvensis, in combination with which is associated a stated quantity of benzo-boracic acid. Experience points to its reliability in obtaining that condition of asepsis which is the ideal of every surgeon, and it has the distinct advantage of being fragrant and non-poisonous. Its antiseptic and anti-fermentative properties are not confined to lesions of the surface structures, and it is largely used for internal medication, in doses of a teaspoonful, in suitable cases. It does not coagulate serous albumen, and it is thus free from the drawback which so markedly limits the action of such agents as corrosive sublimate, most of which are, moreover, extremely poisonous. Listerine, then, is an agreeable and powerful antiseptic and deodorizer, well adapted for ordinary surgical work, available for internal administration, and useful for gargles, mouth washes and lotions, for which purpose it may be employed without hesitation, seeing that no mishap can occur, even in unskilled hands."

THE report of the *New York Analyst of Drugs* shows that the chances for getting drugs of good quality on prescription is 43.8 per cent.; fair, 17.4; inferior, 26; not as called for, 11.6; excessive strength, 1.2—(*Times and Register*, Philadelphia, Dec. 7, 1889).

Bibliography.

- A NEW MEDICAL DICTIONARY: Including all the Words and Phrases used in Medicine, with their Proper Pronunciation and Definition. Based on recent medical literature.

By GEORGE M. GOULD, B.A., M.D. Philadelphia: P. Blakiston, Son & Co. For sale by Robert Clarke & Co. Price \$3.25.

This is without doubt destined to become the popular every-day dictionary of students and practitioners. First of all, it is compact in one volume, easy to handle, of convenient size, and reasonably cheap in price. The plan of word and definition arrangement is very good, and seems to contain, in addition to the old, about all the new words, but omitting words that are obsolete. Tables of the bacilli, micrococci, leucomaines and ptomaines, in addition to a number of other tables, are given. To say we are greatly pleased with the work is very slight praise.

FOOD IN HEALTH AND DISEASE.

By I. BURNEY YEO, M.D., F.R.C.P.

Probably no one, who has been engaged in the general practice of medicine for a number of years, will be able to adhere to any set of rules in the regulation of diet with any satisfaction to himself or patients. Hence, any author who attempts to summarize his observations into distinct rules may confidently expect adverse criticism. In no department of medical practice is judicious discrimination of more consequence. The book before us is of value because the author has not undertaken a labor Herculean, but accomplished what he endeavored to make—a useful guide to the study of the important subject of Dietetics.

About one-half of the work is devoted to food in health. Here are considered the nature, origin and purpose of food, the nutritive value and uses of the different classes of food. The author reviews very fully the ordinary articles of food and drink, under the two great chapters on animal and veg-

etable foods, and their relative advantages. The subjects of army and prison dietaries, school dietaries and feeding during the critical period of infancy and childhood are entered into fully and in detail.

In Part II, food in disease, the author offers an impartial review of the opinions and recommendations of all well known authorities, adding to or prefacing them with his own views, which are based upon extensive and critical observations.

In toto, it is a book, the perusal of which will prove of value to student and practitioner on account of the vast fund of information it contains. G.A.F.

MY TRIP AROUND THE WORLD; Or, The Music of All Nations.

By O. D. NORTON, M.D., U.S.N.

Our friend, the genial and talented Dr. O. D. Norton, has astonished the musical world by a unique collection of national airs, arranged for the pianoforte. While on a four years' cruise with the Flagship Brooklyn, the doctor had the very original idea of collecting the most popular pieces of music in all the countries he visited. This music was arranged for the Marine Band, of twenty-four pieces, and is now rearranged for the piano and published in folios by the John Church Music Company, of Cincinnati, New York, Chicago and Boston. The work is a labor of love, and the doctor's knowledge of music, inherited from his gifted father—for he comes of the most highly cultivated musical family in Cincinnati—is evidenced in the faultless arrangement of the various compositions chosen. The collection embraces American, English, Irish, Welsh, Scotch, Norwegian, Swedish, Danish, Russian, Polish, German, Dutch, Belgian, French, Spanish, Portuguese, Sardinian, Sicilian, Italian, Swiss, Hungarian, Bohemian, Austrian, Turkish, Grecian, Egyptian, Arabian, Persian, Indian, Siamese, Japanese, Chinese, Japanese, Hawaiian, Peruvian, Bolivian, Chilean, Brazilian and Mexican music. Among the best known pieces we note the "Wacht am Rhein," "Marseillaise," "Marsia Reales Ital-

iane," "Hawaii Ponni," and "Chilian National Hymn." This work has achieved a sudden and great popularity, especially throughout New England and the Middle States. We congratulate the Doctor that his love for music has called out this really meritorious effort.

T. C. M.

MR. GLADSTONE ON FORTUNES MADE BY MEDICAL MEN.

At the opening of the new Medical College building in connection with Guy's Hospital, Mr. Gladstone made an address in which he referred among other things to the late Sir William Gull, and said: "I am delighted when I hear of the great fortunes in this country that are not merely commercial. It is an excellent thing that large fortunes are made in commerce, by the handling of money, by the supply of the country with material goods; but it is desirable that their power and influence should be qualified by the creation of other fortunes, such as now, almost for the first time, we find beginning to

be created by medical men. I rejoice to think that the medical man, who spends his talent and strength as freely in the performance of his duty as any member of any other profession, will be able to make a competent and even large provision for his family. Another point upon which I congratulate the profession is its independence. It does not rely on endowment, but upon its own exertions directed to meeting human wants. There is no great profession which has so little to say to the public purse, and which so moderately and modestly dips its hand into that purse. It is not only in the interest of the public, but of the profession itself, that it is eminently self-supporting; and, rely upon it, that that principle of self-support does much to maintain its honor and independence, and to enable it to pursue its stately march in the times that have come and in the times that are coming, to form its own convictions, to act on its own principles without fear or favor, for the general benefit of mankind."—*Med. Record.*

ESTABLISHED 16 YEARS.

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ENDORSED BY LEADING PHYSICIANS.

This preparation, consisting of the Extract of Beef (prepared by Baron Liebig's process), the best Brandy obtainable, soluble Citrate of Iron, Cinchona and German is offered to the Medical Profession upon its own merits. It is of inestimable value in the treatment of Debility, Convalescence from Severe Illness, Anemia, Malarial Fever, Chlorosis, Incipient Consumption, Nervous Weakness, and maladies requiring a Tonic and Nutrient. It is quickly absorbed by the Stomach and upper portion of the Alimentary Canal, and therefore finds its way into the circulation quite rapidly.

GOLDEN'S LIQUID BEEF TONIC appeals to the judgment of Intelligent Physicians in the treatment of
ALL CASES OF GENERAL DEBILITY.

By the urgent request of several eminent members of the medical profession, I have added to each vialful of this preparation two grains of Soluble Citrate of Iron, and which is designated on the label "WITH IRON, No. 1," while the same preparation, without Iron, is designated on the label as "No. 2." In prescribing this preparation, physicians should be particular to mention "GOLDEN'S," viz. "BEEF EXTRACT FL. Comp. (Golden)." A Sample of GOLDEN'S BEEF TONIC will be sent free on application, to any physician (enclosing business card) in the United States. Sold by druggists generally.

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THE CINCINNATI LANCET-CLINIC:

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Whole Volume LXIII.

Society Reports.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of April 7, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

JAMES M. FRENCH, M.D., Secretary.

Hydramnion.

DR. W. H. WENNING reported briefly a case of hydramnion which had been referred to him in February, 1889, by Dr. E. Sattler. The woman, a primipara, was delivered of a child which lived only a few days. There was nothing unusual about this first child or the labor, except that it was puny, and had to be packed in cotton and fed artificially. Upon examination after the birth of the first child and discharge of the placenta, the speaker found another child presenting. The uterus had closed and there was no evidence of further labor. He deemed it prudent to let the patient alone. He called again in about twelve hours after the commencement of the first labor, and found the woman again in labor, and the second child was born. There was with this labor an enormous discharge of fluid; so much that it flooded not only the bed, but ran down upon the floor and deluged it. The second child was considerably larger than the first and appeared more promising, but lived only a short time, dying before the one which preceded it. After the waters broke, however, and the enormous flow of water had occurred, there was an absolute cessation of pain, and it was necessary to deliver with the forceps. This year, March 19, 1890, the woman was delivered of a

child that was in every respect normal, and is still doing well. This was the first case of hydramnion which the speaker had encountered in a practice of twenty years, and while it did not take him altogether by surprise, he did not anticipate so much fluid. He could give no explanation for the cause whatever. Both fetuses were normal and the woman healthy.

Abnormally Short Funis.

DR. W. E. KIELY stated that about four years ago a woman about twenty-six years of age engaged him to attend her in confinement. She gave in her history that she had lost her first child at about seven months' gestation. He asked a few questions and did not hear of her for some time. One morning he was called and found her in labor. He administered morphia with the hope of arresting the progress of the labor. In the evening he was again summoned and found that pains had again set in, and that the dilatation had reached about the size of a silver dollar. He remained and in about an hour or an hour and a half the child was born dead. What immediately struck his attention was the extreme shortness of the cord. The abdomen of the child was drawn out while lying against the vulva of the mother. The cord was found to measure nine and a half inches. He could not account for the accident.

In less than a year the woman again became pregnant. He now investigated the history, but could find nothing to lead to the suspicion of syphilis. She was perfectly healthy. In about thirteen or fourteen months after the birth of the first child, he was called to attend her in labor. Again the child, at about eight months of gestation, was born dead, and this time the funis

measured only eight inches. The child appeared normal, the placenta came away normally and the woman got along nicely.

He saw the woman lately and learned from her that she had had another mishap of the same character, under the care of a homeopathist whom she had employed with the hope of being more successful.

Cerebral Surgery.

DR. JOSEPH RANSOHOFF made a preliminary report of a case of cerebral surgery which he had under his care, hoping to make a complete report of the case after its termination.

Syringomyelia.

DR. JAMES M. FRENCH read a short dissertation on syringomyelia, published in last issue.

DR. EDWIN RICKETTS reported a case of

Intestinal Obstruction

relieved without operation. The patient, he stated, was one upon whom he had performed oöphorectomy last October, presenting the fresh specimen to the Academy at the time, showing a number of pustules on the right ovary and broad ligament. Not long ago he was called to the patient, and found her suffering from all the symptoms of intestinal obstruction. Fecal vomiting set in and continued almost constantly for ten or eleven days. The treatment pursued consisted in the administration of olive oil by the mouth and by the rectum. Finally the obstruction gave way, and the patient made a good and rapid recovery.

DISCUSSION.

DR. JOSEPH RANSOHOFF remarked that this was certainly the most remarkable case of intestinal obstruction of which he had ever heard. He had never before heard of a case in which fecal vomiting had continued so persistently and terminated so favorably. He was aware that some very prominent men are opposed to operative procedures in these cases until the last moment. Tait had done more harm by his opposition to antiseptics, than good by his operative skill; and in the same

manner, Jonathan Hutchinson has done incalculable harm in his opposition to early operative procedure in cases of intestinal obstruction.

In this case, the speaker has understood the reporter to say that olive oil had been administered by the stomach and by the rectum. That administered by the rectum was no doubt retained, but that administered by the stomach undoubtedly did no good. A patient with fecal vomiting could almost take strychnine with impunity, for everything taken into the stomach is regurgitated with a gush almost immediately after it is taken.

Abdominal massage and treatment by position is recommended by Jonathan Hutchinson. The very cases in which this method of treatment is calculated to do good, are the cases in which there is a compression of the bowel by a fibrous band. In almost every case in which the constriction comes on suddenly it is due to either a Meckel's band, a constriction from an old hernial adhesion, or bands formed by a previous surgical operation. The case reported is therefore of exactly the character of those due to a previous surgical operation. In a case of this kind we are, of course, justified in first trying Hutchinson's method before resorting to the use of the knife.

The reporter of the case, probably inadvertently, had stated that he would have resorted to surgical interference if there had been fever. Fever is not an early occurrence in cases of intestinal obstruction. The speaker had never seen it except as a precursor of death. It is a condition which usually goes from beginning to end without any fever, even in cases where rupture of the intestine has occurred. The peritonitis which is the result of ulcerative processes in the intestine is a peritonitis with a very low grade of fever indeed. He believed, therefore, that although, upon the whole, the doctor is to be congratulated upon the fortunate result which he obtained, and the patient is still more to be congratulated upon her remarkable escape, the case is to be considered as rather against the rule. For, in cases in which, with the

symptoms of intestinal obstruction, you have fecal vomiting, even in cases in which the belly is flat, if, after washing out the stomach (a procedure which is often of the utmost value), and placing the patient on the belly for from twenty-four to forty-eight hours, the vomiting does not cease, he would say go ahead with the operative interference. It is a great deal better to operate before there is great distension than to wait with the hope that the case will recover without operation; for, by removing the cicatricial band which is the cause of the obstruction in these cases, the chances for recovery are excellent.

If he were permitted to give advice to the reporter of this case, his advice would be that, as he has seen one case out of a hundred that recovered, one should operate upon the remaining ninety-nine cases without delay.

In conclusion, Dr. Ransohoff remarked that, had it not been for the reporter's statement that the diarrhoea in the early history of his case was clearly due to the administration of bromide of potassium, he would have been led to believe that this was only an early manifestation of the intestinal obstruction. For there are cases of this character in which profuse diarrhoea like that of cholera occurs as a result of obstruction. He had seen a case of this character, in which intestinal obstruction was suspected and arrangements made for the operation the next morning, when during the night the obstruction was relieved, and the fecal mass was passed the next morning.

DR. CLEVELAND said the reporter was sustained in his treatment of the case by the fortunate result, which was certainly remarkable, considering the length of time that fecal vomiting had continued. But he thought that the treatment was open to criticism. For surely the case reported seemed to require an exploratory operation. The neglect of the operation was more to be wondered at, for the gentleman is in the habit of doing these operations. According to the report, a favorable result was certainly not to be expected, and an operation certainly seemed to be

indicated. He saw the danger of delay illustrated in a case that he had under observation a few months ago, where the operation was put off until the obstruction had continued about a week; by this time the abdomen had become so immensely tympanitic that it was with the greatest difficulty that the obstruction could be found. The entrails, which had been taken out of the incision in the search were returned with the *utmost* difficulty. Tympanites must certainly increase the hazard of these operations very much. In the case referred to the nature of the obstruction was such that relief was impossible. This was simply alluded to to illustrate the danger of delay in the increased difficulty of performing the operation. The speaker congratulated the reporter of the case under consideration upon his rare good fortune.

DR. RUFUS B. HALL expressed surprise that the reporter of this case would sit by a patient in this condition and watch it through its course without interference. The rule laid down by most operators is that stercoraceous vomiting for twenty-four to thirty-six hours, treated as Dr. Ransohoff has described, even without rise of temperature, is sufficient indication for exploratory incision. His experience led him to believe that it is only in desperate cases of perforation, or at least bordering on perforation, that there is a rise of temperature. In most cases that he had seen there was a subnormal temperature to a degree or a degree and a half. Possibly the patient would not submit to an operation, although the reporter did not say so. The doctor is to be congratulated, and the patient more congratulated, for if the doctor should have a thousand such cases he will not be so fortunate again — "lightning never strikes twice in the same place." It is probable that in this case the great distension tore up the band of constriction and relieved the strangulation.

Not long ago the speaker had operated upon a case of this kind in which a band, not, however, due to a previous surgical operation, was found and torn up with very little difficulty.

DR. RICKETTS, in closing the dis-

cussion, said that he intended to report the case only in an informal way to-night. He desired to repeat that the fecal vomiting occurred occasionally for at least ten days. The treatment was olive oil by the mouth and by the rectum. A tube two feet long was inserted into the lower bowel, and the oil injected through it by means of a Davidson's syringe. The case was the worst he had ever seen, and he was perfectly willing to make an exploratory incision, but he was held back by the family, who refused to permit an operation until all other measures had been resorted to. When relief came it came suddenly, and the patient began to improve at once, showing that no bands existed.

The speaker had no desire to be understood as being opposed to exploratory incision in these cases, but it must be remembered that the family have something to say.

OPERATION FOR ARRESTING MYXŒDEMA.

Mr. Victor Horsley sometime ago called attention to the hæmacytopoietic function of the thyroid gland. His opinion was primarily based upon operations conducted by Scheff, who found by operating on dogs that "thyroidectomy loses its danger and an essential amount of its effect if one previously introduces and fixes in the abdominal cavity other thyroid glands from an animal of the same species." In the case of the dog, the animal is doubtless saved from death from anæmia, by the gland-substitution in the abdomen. This leads Mr. Horsley to the opinion that transplantation of thyroid tissue might act beneficially with man in arresting the progress of myxœdema, cachexia strumipriva, and other allied diseases. The thyroid of the anthropoid ape would probably be the best to transplant, but failing in this it is pointed out that the thyroid of the sheep much resembles that of man. The test of the value of such a procedure would be best indicated by the effect produced on the anæmia.—*Physician and Surgeon.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Meeting of Tuesday, April 22, 1890.

TIMOTHY HOLMES, M.A. Cantab.,
F.R.C.S., President, in
the Chair.

Salicin compared with Salicylate of Soda as to Effect on the Excretion of Uric Acid and Value in Acute Rheumatism, with some Deductions as to Causation of the Disease.

DR. A. HAIG read a paper on this subject, in which, after alluding to the fact that salicin was generally considered to be of less value than a salicylate in acute rheumatism, he said his experiments as to the relative power of these drugs in producing a plus excretion of uric acid showed that, dose for dose, salicylate of soda had about thirteen times the excretive power of salicin, while salol was weaker than a salicylate but more powerful than salicin. Their action in disease appeared to correspond roughly with their action on uric acid excretion. Salicin gave a much less marked reaction with perchloride of iron in the urine than an equal dose of a salicylate. Cases were brought forward showing the inferiority of the former in the treatment of acute rheumatism. Reference was made by Dr. Haig to his previous paper on salicylates in the *Transactions* of the Society, and the deduction then made as to the causation of acute rheumatism; further evidence was now brought forward. He also alluded to the action of drugs and diet in acute rheumatism, to Dr. Hilton Fagge's comparative tables, and to the effects of meat, exercise, cold and damp. Speaking of the treatment by alkalies, Dr. Haig said their action as regards uric acid was similar to but less powerful than that of salicylates; the effects in disease correspond with this. Acids and substances which raised the acidity, such as ammonia, caused retention of uric acid and did harm. The action of ammonia as an acid explained its value in the uric acid headache (migraine). Reference was made to the natural cure of rheumatic

fever and to the way in which rest and milk diet affected the excretions. With regard to the excretion of acid from the skin, it was pointed out that suppressed perspiration was immediately followed by an increase of urinary acidity (Sir A. Garrod), while increased perspiration was also immediately followed by a decrease of urinary acidity. The reaction of perspiration under various conditions was described, and quotations from authorities given. Dr. Haig went on to say that the influence of increased skin activity in lowering the acidity of the urine could be easily demonstrated. All methods of treatment that were of any value in acute rheumatism caused a plus excretion of uric acid; and salicin and the salicylates were useful in this disease in exact proportion to their power of producing elimination of this substance. The question was asked, Is acute rheumatism due to uric acid? and reasons were given for thinking that the joint symptoms were due to it. Objections were considered, and remarks were made on the difference between gout and rheumatism. It was said to be partly due to difference in the metabolic processes of young and old. It had been shown by Sir A. Garrod that uric acid was absent from the blood in acute rheumatism. The same author had suggested that inflammation destroyed uric acid. Dr. Haig believed that the uric acid was all driven out of the blood by high acidity and precipitated in the joints, and that such precipitation and not destruction of uric acid explained Sir A. Garrod's observation with regard to the effect of inflammation and the fever of rheumatism. The effect of fever and inflammation on the reaction of the blood and tissue fluids and the urine was described. The temperature was higher, and therefore the rise of acidity greater, and the precipitation of uric acid in the joints more complete in rheumatism than in gout. There were other causes that raised the acidity, as chill and suppressed perspiration; ingestion of acids and acid-forming foods; formation of acids in dyspepsia, etc. The effects of tonsillitis or local inflammation and of bacteria or drainage

emanations in producing fever and raising acidity were pointed out. The excretion of uric acid in acute rheumatism were referred to, high arterial tension at the end of an attack pointing to excess of uric acid in the blood; anything that raised the acidity at this time would cause a relapse. Conclusions were drawn as to the causation of the joint symptoms of acute rheumatism by uric acid.

DISCUSSION.

DR. NORMAN MOORE considered that if rheumatic fever and gout were looked at from the point of view of anatomy they were two distinct diseases. In gout morbid joint changes were invariably found, while there were none in rheumatic fever. It was curious that if the knee joints of patients who had died of mitral regurgitation were examined nothing abnormal was, as a rule, seen, although the cardiac condition was dependent on some previous attack of acute rheumatism. In the bodies of patients who had died from rheumatic fever there was often evidence of endocarditis; in some cases of gout also there were changes in the endocardium, but he believed that in seventy-five per cent. of cases of gout the endocardium was free from disease. In gout then one perceived permanent injury to joints from changes in the cartilages, but in acute rheumatism transient injury to the joints and permanent mischief in the endocardium. Clinically, at first the anatomical view was confirmed and the two affections seemed distinct, but from time to time cases were met with which commenced as rheumatic fever and then passed on into gout. He contended that rheumatic fever was a term which covered several distinct pathological conditions. Two were distinct: (1) A variety of gout; (2) a condition closely allied to a true septic disease, going on to its most severe condition in ulcerative endocarditis. This might be due to micro-organisms, which might generate the endocarditis.

DR. GARROD protested against the manner in which Dr. Haig was building up theory after theory on very fragile facts. He could not agree with

the close relationship between gout and rheumatism for which Dr. Haig contended; it must be remembered that though the children of gouty parents might have rheumatic fever, yet very young children might have true gout, which was not in the least like rheumatic fever. Any theory of rheumatism must explain all the symptoms, and he insisted that rheumatic fever was a systemic disease, of which the joint affection was only one manifestation.

SIR WILLIAM ROBERTS stated that Dr. Haig seemed to regard uric acid as an essentially poisonous substance. It must be remembered that animals could eat uric acid, and have it injected into their blood without suffering any inconvenience. Ebstein asserted that if a solution of uric acid in phosphate of soda was injected into the cornea, necrotic changes took place, but that if only a solution of phosphate of soda was injected, there were no necrotic changes. This was supposed to show the deleterious action of uric acid. He did not think any confidence could be given to these experiments. Uric acid was harmless until it was precipitated from the blood as biurate of sodium. This was a very insoluble salt in the blood; in fact, as insoluble as uric acid was in water. If uric acid was precipitated in the joints in rheumatic fever, it would be found there, as it was very insoluble. As a matter of fact, it never was found there.

DR. LAUDER BRUNTON suggested that the reason why uric acid was not found in the joints was possibly because some allied substance was formed which was afterwards excreted as uric acid.

DR. HAIG, in reply, said he believed that the reason no uric acid was found in the joints was because rheumatic fever was an acute disease, whereas gout was a chronic one. He was certain that urates could be got rid of in long illnesses, so that nothing was found in the joints excepting erosions of cartilages. If this occurred in gout, why should it not occur in rheumatic fever? He thought uric acid might be in the joints in solution. Micro-organisms could raise the acidity of the blood, and so determine an attack of rheumatism.

Any drug, such as benzoate of sodium, which depressed the acidity of the blood, might be of value in the treatment of rheumatism, whereas benzoate of ammonium, which raised it, would do harm.—*British Med. Journal.*

Selections.

IMMEDIATE AND REMOTE RESULTS OF OPERATIONS FOR LOCAL TUBERCULOSIS.

M. Léon Petit has summarized the facts brought out by a recent discussion on this topic. Surgical tubercular lesions—caries of bone, articular fungosities, scrofulous adenitis, spina ventosa, cutaneous ulcerations, etc.—are due to the presence of tubercular elements, and contain the bacillus of Koch. For some time—and in particular since the nature of the tubercular lesion has been known—there has been a constant strife between operative medicine and therapeutical medicine as to the treatment of the local lesions. To solve the question we want facts, and not reasoning. We must classify the facts collected into numerous divisions, and we must follow the cases for a number of years. It is only thus we can appreciate the immediate and remote effects of operation. The difficulty arises in our being often unable to follow the after-history, as the patients are lost sight of. The immediate results may be good, mediocre, null, or bad. It has been said that with antiseptic dressing there are no complications with operations on the tuberculous; that numerous facts testify that the operation may give start to lesions, and to tubercular lesions, in organs remote from the operative zone—lungs, meninges, liver, kidneys—and provoke the rapid development of these lesions. Many cases of syncope—mortal or not—met with during or after anæsthesia, are due to the existence of miliary tubercle of the lungs, which is often impossible to discover by auscultation, and only reveals itself by post-mortem. Mollière, of Lyons, advises, when there is phthisis in the third degree, rapid operation, in order that the quantity of

ether or chloroform may be reduced to a minimum. The traumatic accidents consecutive to operations on the tuberculous depend most frequently on infection produced by the presence of common pyogenic microbes in the wounds of these subjects. In other words, according to Mollière, the results of operations on the tuberculosis may be benign, provided we can avoid traumatic fever. The remote results may be good, mediocre, or bad; good, when to operative success is added therapeutical success; mediocre, when there is operative success, but the tuberculosis after a time again appears, ending in death; bad, when there is neither operative success nor therapeutical success.

In the classification proposed by M. Verneuil, we must take account of the circumstances which depend on the operation; the lesions of the patient and his environment. The operative results would be different, according to the general treatment followed by the patient during and after operation, and will depend upon whether a cutting instrument, cautery, or injections be used; complete or incomplete extirpations have also their effect. The results, according to Boeckel, Verneuil, and Ollier, are better in acquired than hereditary tuberculosis. M. Jules Boeckel (Strasburg) states that out of 204 cases of amputations and resections performed for local tuberculosis, the mortality of the amputations has been double that of the resections. The results differ again, according to the seat and extent of the lesions. The region invaded is of no great importance. The gravity of the operation, too, is different, according as the tuberculosis has its seat in the pleura, peritoneum, or finger, in the hand or foot, in the ganglions or the bones. Resections of the neck give excellent results, because the patients are not obliged to remain in hospital. Two or three days after operation—thanks to antisepsis and immobilization—they may be sent out to the pure air. The results are inferior in the case of the foot, because the patients are obliged to remain in bed for many months. They live in a bacillary atmosphere, and if not already infected they become

so, according to Ollier, by absorbing the bacilli in the air they respire and by the food they take. In tuberculosis of the ganglions, generalization may be rapid after extirpation by exciting the neighboring ones, which often appear healthy because they are small, but microscopical examination often proves that they contain bacillary nuclei. Ablation of the ganglions is then a bad operation, which should be superceded by interstitial injections of anti-bacillary solutions. In articular tuberculosis resection only allows complete ablation of the lesions. The immediate results are yet more favorable than in extirpation of the ganglia. But amputation is preferable to resection. Operations on the bones give better results still. In certain osteo-arthritis, the bones are diseased through the whole extent of the marrow. There are tubercular nuclei, without appreciable symptom, on the side of the periosteum, or of the soft parts. Previous trephining of the bone will establish the diagnosis. Partial amputations leave interminable fistulæ, and when these lesions are in certain situations, as the knee, exarticulation of the hip is preferable. In osseous tuberculosis we must distinguish two forms—the one circumscribed, the other invading. The first may be cured by local action; the second yields to amputation of the member when the means employed to arrest its march have failed. In infancy, intra-articular cauterization gives the best results. In the adult, thirty to forty years of age, resection is indicated; but when the lesions are extensive, and we cannot remove all by resection, Ollier counsels amputation. Leconte lays down that in tuberculosis of the limbs, radical operations are preferable to sparing ones. In tuberculosis of the bladder, when palliative treatment by intravesical injection and internal medicine are powerless, we must act direct upon the lesion. Practice hypogastric section, and by *raclage* remove the diseased part of the mucus. In four cases Professor Guyon has obtained temporary recovery, with relief of suffering. Guyon and Le Dentu recommend permanent drainage, and prefer the hypogastric

operation to the perineal one. At the end of a certain time the drainage-tubes can be replaced by a special apparatus adapted for hypogastric fistula. The results obtained by the operation for tuberculosis of the bladder depend above all on the state of the kidneys and the prostate. The kidneys are always attacked before the prostate, and the operation can only be put off by palliative treatment. Tuberculosis of the kidney may be cured by the total extirpation of that organ; that of the prostate by cure; that of the eye by total ablation; that of the uterus by raclage and cauterization; that of the ovaries and the tubes by a radical operation. Operative interference, then, in local tuberculosis gives excellent results, as it removes the causes of infection, and prevents other parts of the body from being infected.

Adults require a little more radical operation than children. The statistics of children cannot be applied to adults. In the infant we can cure almost all tuberculous affections without having recourse to the bistoury. M. Leconte goes much further, for he thinks even in adults we may obtain the cure of local tuberculosis by general treatment and interstitial injections. In subjects attacked with pulmonary phthisis, with local tuberculosis, the radical ablation of the latter may be followed by immediate reunion, as in healthy subjects, and by considerable amelioration of the pulmonary lesions.

In conclusion, thanks to antiseptic treatment, operations on the tuberculous are indicated in every case of local lesion, and the results must not be calculated from the pre-antiseptic day, as recent results are much more encouraging.—*The Provincial Med. Journal.*

THE MICROBE OF PNEUMONIA: ITS ROLE IN PATHOLOGY.

From a recent number of the *Medical Age*, we cull the following translation of a lecture by the eminent Prof. S. Jacoud, of the Hôpital Pitié, Paris, France:

I will speak of a patient who has just left our wards, the history of whose case will give me the opportunity to set

forth several very important points of pathology.

This patient was a man thirty-four years of age, a shoemaker, of good constitution; his antecedents were correct. He had never had intermittent fever, or rheumatism; was not addicted to alcoholic stimulants; has never had syphilis. While in perfect health, he was taken, on the morning of the 9th of February, with a pain at the inner angle of the eye, in the supra-orbital region, the corresponding part of the frontal sinuses, the cheeks and gums, all on the right side; the eye itself became red and lachrymose. The patient felt a keen sensation of heat in the right nasal fossa, from which flowed drop by drop a limited aqueous fluid. This pain was extremely intense, and prolonged with the same characters for two and a half hours, when the liquid became opaque, viscous, and mucopurulent.

In the afternoon the patient had a feeling of stuffiness in the right nostril, and was obliged to use his handkerchief continually; there was no longer any sharp pain, but a dull aching. He had a good night's rest, and the next morning found himself in perfect health, when at the same hour—9 o'clock in forenoon—he was taken with another attack precisely the same as on the day before, both as to characteristics and duration. The nasal flow underwent the same modifications, and in the evening he found himself, as the evening before, quite comfortable.

It was on account of this state of things—his morning attacks, with the afternoon subsidence, and cessation for ten consecutive days—that he finally entered the hospital (February 19, 1890).

What can we make out of this singular case? Here is a patient who undoubtedly had facial neuralgia associated with an irritation and hypersecretion of the right frontal sinus. Is it the inflammation of the frontal sinus that gave rise to the neuralgia; or, on the contrary, is it the facial neuralgia which preceded and provoked the inflammation of the frontal sinus? I am obliged to reply that the two are coin-

cident, and no man can arbitrarily affirm which came first and gave rise to the other, or whether both were not due to a common cause.

When this man entered the hospital he presented clear and unmistakable signs of inflammation of the right frontal sinus, and attention was called to the mathematical periodicity of the neuralgia—a periodicity pertaining to the day, the hour, and the minute. I gave him, in consequence, twenty grains of quinine daily, bearing in mind the hour when the attack came on. The quinine was given in two doses, the first in the evening, the second early in the morning (at 6 o'clock).

From the first day the attacks were much less violent. He took the medicine on the 19th, the 20th, and the 21st; on the 22d he had no attack, and we noticed a marked diminution in the external signs of the inflammation of the frontal sinus, nevertheless the quinine was continued. The 23d, the patient was well, and discharged.

The history of this case is remarkable by the rapidity with which a cure was obtained, and this both by reason of the choice of the medicament, on the one hand, and the mode of administration, on the other; but it presents another aspect of still higher interest. My laboratory chief, who saw the patient from the first, desired to ascertain the bacteriological composition of the liquid which issued from the inflamed nostril. He found there plenty of pneumococci, and to the last these microbes were met with in this secretion. Then, in the fact of pathogenic microbes, the liquid which flowed from the inflamed frontal sinus was a pneumococcus liquid. This brings fresh to recollection the character of the liquid of the otitis so often observed in the late influenza epidemic. We might be tempted to class the two orders of facts together; but our patient did not have the influenza.

It behooves us, then, to look at another order of facts, which have been known only since the labors of Netter, and which may be epitomized as follows: When one has had pneumonia, he keeps pneumococci an indefinite

time in his mouth. You know, in fact, that Netter has demonstrated that in individuals who have had pneumonia, pneumococci are always found in the saliva. But our patient has never had pneumonia.

This shows that the pneumococcus may be met with in health, there have been, in fact, plenty of instances of pneumococci found in individuals under such conditions. They therefore must be classed in the number of indifferent microbes existing in the healthy organism. When the pneumococcus becomes pathogenic, it is because of phenomena which act as auxiliary factors. •

Now when the pneumococcus was first discovered, micro-biologists were inclined to regard it as noxious, and as always a stranger to the healthy organism. But observations have multiplied which show that these propositions are false, as it is not always noxious. This, moreover, is the lesson which we may learn from the case which we have just reviewed.

We may, then, take in the full truth of the etiological teaching which I have so often endeavored to impress; the knowledge of the pneumococcus detracts nothing from the value of the causes formerly assigned to pneumonia. This extrinsic cause puts in play or in activity the pneumococcus which pre-exists in the healthy organism, and which, under this influence, invades the pulmonary parenchyma and produces the disturbances with which you are so familiar.

This is the way in which we are to understand the influence of these extrinsic causes on micro-biology. When we say to-day that a disease is microbic, we do not therefore conclude that all the other causes have not the potency that has been heretofore assigned to them. There is simply an association of microbic with non-microbic causes. These are conclusions of practical interest, as they have an important bearing on treatment.

We are obliged to-day to divide the microbic diseases into two classes:

1. Those for which actually we can assign no other cause than the introduction of the microbe into the organism,

such as charbon, glanders, syphilis, tuberculosis.

2. Those whose microbe may form part of the healthy organism; it is not normally pathogenic, and in order that it may become so, something else is needed, and that something else is the ancient etiology which some would rule out, but without which the disease in question could have had no existence.

ACTION OF CAMPHORIC ACID ON THE NIGHT-SWEATS OF PHTHISIS.

Dr. Leu (*Wiener Medizinische Blätter*, Feb. 6, 1890) has tested the action of camphoric acid on the night-sweats of phthisis. This substance, which is produced by the oxidation of camphor by acid, is only slightly soluble in water, but quite soluble in alcohol. Although it has by no means an unpleasant taste, it is better given in capsules, although it is not certainly necessary. In the author's experience this remedy was given to thirteen individuals, in fifty-five different doses, who suffered from night-sweats, in some cases to a very severe degree. Perfect success was reported as being obtained when there was perfect dryness of the skin, and this result was obtained in 60 per cent. of the cases treated. A partial success was obtained in only 18 per cent. The average dose amounted to 30 grains of camphoric acid, although in some cases this dose was increased to 45 or even 75 grains, 35 to 45 grains being given in the evening and about 30 grains being given in the middle of the day. A remarkable fact was that sometimes the favorable influence of the camphoric acid was not noted until the evening after its administration, while, further, the good effects persisted for several successive evenings. In order to make a comparison with the remedies which possessed the greatest repute in the treatment of night-sweats, such as atropine, the author administered this remedy to six different cases in twenty-four instances, alternating each evening with camphoric acid. It appears from these experiments that perfect success was only obtained in 42

per cent. of the cases treated with atropine, thus falling below camphoric acid in efficacy; while, further, even in the cases which were favorably influenced by the atropine, the permanence of the effect was not to be compared with camphoric acid. Moreover, all disagreeable after-effects, or secondary effects, from the administration of camphoric acid are quite insignificant,—a very different state of affairs from what follows the administration of atropine in physiological doses, such as dryness of the throat, loss of appetite, gastric disturbance, absolute dizziness, etc. Moreover, the author claims that the appetite and digestion are not influenced by the administration of camphoric acid. In some cases the patients attributed a certain amount of soporific effect to the action of camphoric acid, although this, perhaps, was attributable to the fact that the suppression of the sweat removed a cause which ordinarily would tend to disturb sleep. In one case there occurred an eruption, similar to urticaria, attended by severe itching, a few days after the administration of camphoric acid; but in spite of the continued administration of this drug it disappeared, so that it is extremely doubtful whether its appearance was merely a coincidence or whether it was attributable to the influence of the camphoric acid. The author has also made a number of experiments as to the effects produced by the external application of alcoholic solutions of camphoric acid. In one patient, who suffered from marked local sweatings, the substance was locally applied, and seemed to be extremely efficacious.

The author states that he is now occupied with experiments tending to test the activity of camphoric acid in sweating of the feet. According to the author's testimony it would appear that camphoric acid is worthy of further trial in the treatment of the night-sweats of phthisis.

—*Therapeutic Gazette.*

FRANCE has two million childless homes, and only two hundred thousand in which there are seven or more children.

MENIERE'S VERTIGO AND THE SEMI-CIRCULAR CANALS: A NEW THEORY.

The influence of labyrinthine impressions on the maintenance of equilibrium of the body is now generally believed to have been demonstrated by the experiments of Flourens on the semicircular canals of pigeons, and to have been confirmed by the pathological researches of Menière. Indeed, all textbooks contain the doctrine that destruction of these canals produces definite and special disturbances of equilibration, which render any proper coördination of locomotion impossible. Many years ago, however, Schiff protested against this theory, on the ground that section of the trunk of the auditory nerve did not cause any disturbance of equilibrium; while, more recently, Böttcher drew attention to the circumstance that in pigeons, on which these experiments have generally been made, the canals cannot, for anatomical reasons, be destroyed without injuring at the same time the cerebellum, thus giving a fruitful source of errors. The most serious objections to this theory have, however, now been raised by Professor Steiner, of Cologne, who has experimented on sharks caught in the Bay of Naples, in which class of fish the semicircular canals are particularly developed, and which are, therefore, most suitable for such experiments. The skeleton of sharks being cartilaginous, laying bare the semicircular canals is very easy; they are superficially situated beneath the skin, and separated from the brain by a considerable mass of cartilage, so that injury to the brain can be easily avoided.

Steiner has found that when the membranous canals of sharks are laid bare and excised, and the wound is then closed and the fish put back into the water, not the slightest disturbance of locomotion ever follows. On the contrary, if after laying bare the labyrinth, the trunk of the auditory nerve, or the ossicles surrounding the same, are pulled and stretched, then there is invariably a disturbance produced in the form of rotatory or circular compulsory move-

ments. If the latter operation be performed unilaterally, the direction which such movements take may in each case be predicted.

Such traction of the nerve-trunk need only be slight in order to produce motor disturbance. The same result follows if no section of the canals be made, but one of them is pulled and stretched so that the ossicles change their position. These experiments show that in sharks the semicircular canals have, by themselves, nothing to do with equilibration, and that when motor disturbances follow, they are owing to traction and irritation of the origin of the auditory nerve in the medulla oblongata, and are the same as are produced by other similar irritation of that portion of the medulla.

Steiner has shown that the same results, as in sharks, are obtained in frogs and lizards. In the higher vertebrates the anatomical relations of the parts concerned are so complicated that it has hitherto been found impossible to avoid sources of error in experimentation.

Ewald's recent experiments on pigeons likewise seem to lead to similar conclusions. In one experiment he removed the six ampullæ from a pigeon which survived the operation, and being very tame, followed him afterwards, in a straight line, through several rooms. The same animal, however, when left to itself, was apt to walk in a circle, sometimes to the right, and sometimes to the left side. Why should the animal walk straight when following its master and in a circle when left to itself? Steiner explains this by assuming that compulsory movements are produced by the loss of cutaneous and muscular impressions consequent upon the operation, and that this loss may be neutralized in the higher animals by the influence of the eye and the intellect upon movements. The pigeon, therefore, overcomes the tendency to compulsory movements by fixing its attention upon the movements of its master.

The vertigo of Menière's disease would, therefore, appear to have its source rather in lesions which affect the brain or its membranes, or cause alterations of pressure. That the semicircular

canals have nothing to do with it, is also shown by a case recorded by Politzer, in which there was congenital absence of all semicircular canals, yet no disturbances of equilibration had taken place during life; and another one of Lucae, in which the canals were found filled with blood clots, and where there had been before death no corresponding symptoms showing that this condition had interfered with equilibration.—*British Med. Journal*.

HYPODERMATIC TREATMENT OF ASTHMA WITH STRYCHNINE AND ATROPINE.

Asthma is essentially a spasmodic neurosis of the pneumogastric nerves. Its characteristic symptoms are: Its sudden onset and subsidence; its proneness to recur during the night; the sense of oppression in the chest; the short, dry, wheezy cough; the marked dyspnoea; the fear of moving on the part of the patient; his utter misery: and his complete transformation into apparent robust health as soon as the attack is over. The paroxysms may be rare as first, but tend to appear more frequently and to last longer, until finally there is no complete intermission between them.

The exciting causes of asthma either reside in, or outside of, the lungs. Dust, or any other offending materials suspended in the air, which on being inhaled produce irritation in the sensitive nerve-endings of the bronchial mucous membrane, is among the most common causes. The causes outside of the lung may reside in the nose, stomach, liver, intestines, uterus, etc., or some specific cachexia. It is noteworthy that disorders of all the organs which are supplied by branches of the pneumogastric nerves are most liable to excite an attack. It is doubtful, however, whether without the peculiar predisposition, any degree of disorder in any or all of these organs would have the power of exciting an attack.

The aim of treatment is, (1) to alleviate the attack, and (2) to prevent its recurrence. To accomplish the former, atropine, morphine, lobelia, stramonium, chloral, chloroform, nitro-

glycerine, nitrites, pilocarpine, etc., have been used; and for that of the latter, various measures have been employed for the purpose of breaking up the abnormal casual connection which exists between other organs and asthma. It must not be forgotten, however, that a general lowering of the nerve tone of the body is often as much the cause of disease in other organs as of asthma, and hence, by invigorating the nervous system, the asthma, as well as its concomitants, disappears.

The possibility that strychnine given hypodermically might be of value in treating asthma was first suggested to me by the good results which were obtained by Dr. Echeverria in the treatment of epilepsy by this alkaloid. Asthma is closely allied to the latter disease, and that which benefits the one should benefit the other, at least on theoretical grounds. I have been using it daily in treating asthma during the last six months, and, I believe, with more prompt and more definite results than can be obtained from any other drug. My earlier cases were all treated with strychnine alone, but from a varied experience, I apprehend the addition of atropine enhances its action somewhat, at least in old and stubborn cases. Three cases were treated with strychnine alone, and the last three with the addition of atropine. I began with one-fiftieth of a grain of strychnine and one one-hundred-and-fiftieth of a grain of atropine daily, gradually increasing the former to one-twentieth or one-twenty-fifth of a grain, and the latter to one one-hundredth of a grain. After a thorough impression is made on the disease, the drugs are administered every other day, and, as the patient improves, gradually abandoned. While some cases get well under this treatment alone, necessity in others demands that the influence of these agents be fortified by efforts which seek to control the causes of the attack, as well as by measures which build up and fortify the general system.—MAYS, *Boston Med. and Surg. Journal*.

REDUCED rates are *only* for those who pay *in advance*.

SPINAL LOCALIZATION.

Without attempting to deal exhaustively with the remarkable case of localized injury to the spinal cord, related in another column by Dr. William Macewen, a few words may be devoted to one of the many features of interest which it presents both to the clinician and to the physiologist. The particular point in question, although somewhat abstruse, may be discussed here with all the more excuse, in that the able surgeon who places the case on record has not considered its discussion outside the pale of his own interesting report.

When, more than forty years ago, Türck discovered the descending degeneration of the pyramidal tracts, he noticed that besides the degeneration in the crossed pyramidal tract of the cord in the lateral column on the side opposite to the pyramid undergoing degeneration in the brain, there was in the cord, on the same side as the degeneration in the brain above, another smaller degeneration of a portion of the anterior column, close beside the anterior median fissure. This tract he named the direct pyramidal, and to-day this tract is universally known by that name. Compared with the crossed pyramidal tract, this is smaller, and does not extend so far down the length of the cord, not being, in most instances, traceable lower than the middle of the dorsal region. That it and the crossed pyramidal are to be considered of similar nature and intimately associated function is certain from various considerations. When degenerated, they are always found degenerated together. So far as evidence obtained on this point carries us, there is nothing to show that as a result of, for instance, a cerebral lesion one of the two pyramidal tracts, crossed or direct, ever degenerates apart from the other. Further, too, when examined by the developmental method elaborated by Flechsig, that is to say, by the time of acquirement of the medullary sheath, the nerve fibres of the direct and crossed pyramidal tracts are found to attain complete development at one and the same time. The fibres of these two tracts are the fibres in the cord which

receive latest the final investment with the full medulla of Schwann. These and other resemblances point to the two tracts being, in fact, but part and parcel of one and the same system of fibres.

As to their function, on the other hand, two views are held. According to one, the direct pyramidal tract is believed to contain the fibres of the pyramid which are destined for the motor mechanisms of the upper limb, the fibres for trunk and leg crossing in the pyramidal decussation at the top of the cord, and descending in the lateral columns as crossed tracts to those lower levels in the dorsal and lumbo-sacral regions which they have still to reach.

In the case recorded by Dr. Macewen, an injury to the cervical cord sufficed partially to paralyze for a considerable time both upper limbs, especially in their distal segments, and to paralyze also many of the intercostal muscles; but at the same time power of movement in the lower limbs remained perfect, so far as could be tested with the patient in bed, except for a transient later affection. Dr. Macewen is inclined to find in this complexity of symptoms evidence favorable to the view above mentioned of the constitution of the direct pyramidal tracts out of fibres for the arms, and would add fibres for the muscles of the upper intercostal spaces as well. He suggests that the main injury in the case was a lesion affecting chiefly the two direct pyramidal tracts of the cord.

A second view as to the constitution of the direct tract is one which looks upon it as merely made up of fibres from the pyramids, which at a considerable distance below the pyramids have still to decussate to their places in the lateral column of the crossed side. The pyramidal tracts, which in man attain enormous proportions, in him instead of decussating in a short region only, at the lower end of the spinal bulb, undergo a decussation which is spread out along a considerable length of the cord, although still in chief part remaining in the bulb at what is generally known as *the pyramidal decussation*. On this view, if there be any grouping together of pyramidal fibres according

to their distribution to the musculature—and the existence of any such grouping is doubtful—the composition of the so-called direct tract might be supposed to be mainly out of fibres destined for the legs and the lower trunk muscles.

The arguments supporting the second of these two views will require some such evidence as Dr. Macewen believes to be found in the case he is now recording, before it can be disposed of the balance of probability in its favor. Extremely valuable as the case brought forward is, it is one in which the exact seat of lesion remains still, happily for the patient, unverified by necropsy, and the question must remain whether the symptoms have actually been due to a fairly restricted mesial interruption in the region of the direct tracts of Türk.

—*British Med. Journal.*

SYMPTOMS OF LESIONS OF THE SPINAL CORD.

A modification of the current views as to the symptoms of complete transverse lesions of the spinal cord will be necessary after a perusal of the masterly and convincing paper which was read by Dr. Bastian at the meeting of the Royal Medical and Chirurgical Society on Feb. 22, in support of his contention, expressed eight years ago, that in *complete* lesions of the spinal cord there is absence of the knee-jerks and other deep reflexes and flaccidity of the limbs, and not rigidity with increased reflexes as usually taught. In support of his contention he gave minute and accurate clinical records of four cases in which there was developed, under observation, complete transverse lesion of the spinal cord (in these cases due to extensive softening). At first the deep reflexes were exaggerated, but as the lesion became more and more complete, as shown by absolute motor and sensory paralysis, the deep reflexes entirely disappeared, and the limbs became completely flaccid. This condition of things continued until death, when the necropsies showed (at any rate in three cases) complete destruction of the cord

at the level of the lesion. In these cases shock was out of the question, the lesion was in the upper part of the cord, and there was not the slightest evidence of any independent lesion in the lumbar enlargement. Dr. Bastian fortified his position by quoting nine cases of fracture-dislocation in the cervical and upper dorsal regions, in which flaccidity of the limbs and abolition of the reflexes were noted soon after the accident, and persisted until death occurred, in most cases weeks later, when all shock had long passed away. It is much to be regretted that fuller opportunities could not be afforded for discussing so important a communication; but in the brief discussion which followed on these points additional cases were quoted by Dr. Hughlings Jackson and Mr. Bowlby, completely confirming the views expressed in the paper. Dr. Bastian looks with suspicion on the cases which have been described as complete lesions due to compression of the cord in Pott's disease. A case was reported at a recent meeting of the Pathological Society, in which for twelve months before death there had been absolute paralysis of motion and sensation, but in which there was rigidity and increased reflexes. Here, to the naked eye, the disorganization of the cord at the level of the lesion appeared to be complete; but careful examination by modern methods showed the existence of a considerable number of axis cylinders traversing this apparently disorganized portion of the cord, so that this case, and probably also those referred to by Dr. Buzzard in the discussion, would hardly come under the category of *complete* lesions to which Dr. Bastian's paper refers, and with regard to which he completely established his case.

Another point of interest from a clinical point of view was the different behavior of the superficial and deep reflexes. In all of Dr. Bastian's cases, after motility, sensibility, and deep reflexes were completely abolished, the plantar skin reflex persisted for a short time. Mr. Bowlby also had observed that in the cases of fracture-dislocation, some weeks after the accident the skin

reflexes returned, while the deep reflexes remained absent until death. Of not less interest than these clinical observations were the remarks made by Dr. Bastian as to their bearing on the theories with regard to muscular tone and the deep reflexes. He held that these cases showed that the tone of the muscles and the presence of the knee-jerk depended on influences passing down from the encephalon, favoring these reflex phenomena. This influence was thirteen years ago attributed, on theoretical grounds, to the cerebellum by Dr. Hughlings Jackson, and to his view, with some modifications, Dr. Bastian adds his support. Dr. Jackson believes that the normal tone of the muscles is due to the balance of influences constantly passing down from the cerebrum and cerebellum, the former tending to diminish and the latter to increase the tonus of the muscles, and in this way accounts for the increased reflexes in cases of hemiplegia, the cerebral influence being cut off and the cerebellar influence no longer interfered with. There is evidence that this cerebral influence descends by the pyramidal tracts, and, assuming that these authors are correct in their views, it seems probable that the cerebellar influence descends in the gray matter. This is supported by the occurrence of increased reflexes in the cases of slow compression, where the gray matter is usually less damaged than the white, and by a case of Mr. Thorburn quoted by Dr. Bastian, in which there was hemorrhage almost confined to the gray matter in the cervical region, in which the absence of deep reflexes persisted, although the conducting functions of the white columns were to a considerable extent restored. Now that the matter has been so prominently brought before the profession, we may expect that facts will soon be forthcoming to settle definitely some of the disputed points to which we have referred.

—*Lancet*, March 8, 1890.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

INSOMNIA AMONG CHILDREN.

Sleepless children have a champion in Dr. Jules Simon, who takes up their cause in the pages of the *Revue mensuelle des maladies de l'enfance* for March, 1890. The problem of too-wakeful childhood, he says, taxes the ingenuity of the physician to the utmost, arising as it does from many causes, and constituting a prominent symptom of diverse pathological conditions. The new baby's sleep is intermittent. Every two or three hours it awakens, because of hunger or thirst. Even night sleep is not continuous, though more profound and of longer duration. If the infant sleeps too much or too little, something is wrong. Insomnia is a marked symptom of early syphilis in children, as characteristic as the coryza and rash, and normal sleep returns only when sufficient mercury has been absorbed and assimilated. Indigestion is a potent cause of wakefulness among the innocent. These are often fed too frequently and with improper food. Medicine is useless. Hygienic nourishment is the only hypnotic that meets the indications. There is, however, the hyperæsthetic baby, always alert, with eyes forever open, and who can only be quieted by a good dose of something. This alarming infant is essentially a nineteenth-century outcome.

The little sufferers from beginning hip-joint disease sleep no more till the leg is immobilized, codeine and chloral affording only temporary relief. The insomnia of broncho-pneumonia in children is best relieved by the application of a fly-blister, a remedy that makes the ignorant laugh. At once respiration becomes less frequent, oppression diminishes, and the little one sleeps. The most varied measures bring about this consummation devoutly to be wished, under different circumstances. And any agent will fail when it is not indicated, as it does everywhere in the practice of medicine.

Ætiology must ever be kept in view. The causes of childish insomnia are legion. Among the new-born, Dr. Simon places dyspepsia first on the list, and acute cerebral congestion—due to

some kind of exposure—next. A beginning meningitis, cerebral tumors, and hydrocephalus have wakefulness as a symptom. In later childhood, headache produces the same result—the headache of growth and overwork. Many of these headaches are really manifestations of latent rheumatism. The neuroses of childhood, such as hysteria, chorea, and epilepsy, produce wakefulness. This is sometimes the only evidence of epilepsy, and expresses itself in a peculiar way. The child goes to bed well, awakens with a cry from profound slumber, sits up suddenly in bed, and then falls back again, either to sleep, after a short interval, or to lie awake weak and prostrated. Sleepless or wakeful chorea is a serious affair. Rheumatic conjunctivitis, catarrh extending into the frontal sinuses, urticaria, itch, etc., are frequent and obvious reasons for sleeplessness. Not so hernia or displaced testicle. The rarity of these conditions make them overlooked, though existing oftener than is supposed, the symptoms they give rise to being referred to the digestive tract or the nervous system. Naturally, the whole range of nervines and digestive tonics fails to do what a simple bandage can accomplish—bring about normal sleep. The exanthematous fevers have sleeplessness during some part of their course as an accompaniment. So also malarial fevers, especially of the irregular type, when the child wakes suddenly in the night with pain in the head and vomiting, without fever or chill. Quinine cures this kind of sleeplessness. Unrecognized albuminuria is another reason why repose is disturbed; and this disturbance may precede uræmia. The diphtheritic patient in whom the disease has murdered sleep is in the gravest danger. Among children of six or seven, wakefulness is one of the protean expressions of lithæmia. It is often accompanied by intense headache and profuse perspiration. And last, but not least, the indiscretions of the mother or wet-nurse are potent causes of the wakefulness of early infancy. Alcohol, tea, coffee, salted foods, condiments, and spiced meats may act as poisons to the baby when

they pass into the milk that is its food. Strong odors, good and bad, may also keep little ones awake, for they are powerful excitants in the young.

The most careful regulation of a child's life, the most patient inquiry into the details of its every-day career, are matters worthy of the best physician's learning and skill. Grown persons are badly spoiled as a rule, and not much can be done but patch them up and let them go; but with children the case is more hopeful.

—*N. Y. Med. Journal.*

DIABETIC COMA AND ITS TREATMENT.

Stadelmann, as the results of clinical and experimental observation on this subject, comes to the following conclusions:

1. Diabetic coma—apart from the accidental coma due to other causes—occurs only in the case of diabetic patients whose urine contains oxybutyric acid.

2. Almost equivalent in value with the recognition of oxybutyric acid is the determination of the amount of ammonia in the urine; while it is also far easier of performance.

3. Diabetic patients with an excretion of ammonia of more than 1.1 gramme per day, are in danger of becoming severe cases of the disease.

4. Patients excreting two, four, six, and more grammes of ammonia daily, need constant watching by the physician, and are in constant danger of passing into diabetic coma.

5. If the determination of the presence of oxybutyric acid, or the estimation of the amount of ammonia, can not be carried out, at least the chloride of iron test should be made. If this gives a positive reaction, oxybutyric acid is present in the urine, and the cases answer to the statements made in the 3d and 4th conclusions. The converse of this is, however, not always true, for there are cases of diabetes with oxybutyric acid in the urine, and even suffering from diabetic coma, whose urine does not give the chloride of iron action.

6. These severe cases in which there

is an increase of the secretion of ammonia, or the presence of oxybutyric acid with the chloride of iron reaction in the urine, are only with the greatest caution, and with the simultaneous exhibition of alkalies, to be put upon a strict meat diet.

7. If there is fear of the development of diabetic coma, the patients should be put upon full doses of the alkalies, though, of course, with strict oversight and with proper interruptions in the treatment.

8. If coma has already developed, large intra-venous injections of a solution of the carbonate of sodium and the chloride of sodium should be given as quickly as possible; the patient being carefully watched meanwhile. The injections should be stopped if threatening symptoms appear, such as irregularity or marked retardation of the pulse, convulsions, or temporary cessation of respiration. After a time they should be recommenced, and the process continued until the urine becomes alkaline.

9. Subcutaneous injections of carbonate of sodium are not to be commended, on account of the pain and deep-seated inflammation they produce.

—*Am. Four. of the Med. Sciences.*

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday evening, May 12, papers will be read by Drs. T. P. WHITE and T. CARROLL.

CINCINNATI MEDICAL SOCIETY.—

May 13, DR. JOSEPH EICHBERG will read a paper entitled "Focal Myelitis with Secondary Ascending and Descending Degeneration," with microscopic specimens.

May 20, DR. E. W. WALKER will read a paper on "Gangrene."

THE Brown County Academy of Medicine will meet at Georgetown, O., May 15, at 10 a.m. Subject for discussion, "Neuralgia." You are cordially invited to attend. T. HEATON, Pres.

R. B. McCALL, Sec'y.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

All letters and communications should be addressed to, and all checks, drafts and money orders made payable to

DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, May 10, 1890.

The Week.

EFFRONTERY — PROFOUND AND PRONOUNCED!

In the *Philadelphia Medical News* of May 3, we find the following communication, title and signature:

THE EFFRONTERY OF PROPRIETARY MEDICINE ADVERTISERS.

To the Editor of the *Medical News*.

SIR: Two notable instances of the unscrupulous methods of pushing proprietary medicines have lately presented themselves which should be held up as a warning to those who permit their names to be used by advertisers.

A few weeks ago I received a folded card, which was widely distributed to the profession, on the outside of which was printed, in large capitals: "BELLEVUE HOSPITAL MEDICAL COLLEGE." This appeared like an official issue by the College. It contained the following: "The expressions of the Medical Profession regarding the efficacy of 'Vin Mariani' in therapeutics can be summarized as follows:

"As a tonic in laryngeal and gastric complications; as a diffusible stimulant in anæmia, nervous depression, melancholia, tardy convalescence, general 'malaise,' and in all those cases in which there is much depression and atony.

"Topically in convulsive cough, laryngitis, stomatitis, etc.

"We refer by kind permission to the following physicians, members of the Alumni of the Bellevue Hospital College."

Then follow the names of 142 physicians residing in different cities. Like circulars were

distributed with the headings, "Jefferson Medical College" and the "University of Pennsylvania," and I am told that the names of other reputable colleges have been used in the same way. However these signatures may have been obtained, I venture to say that no one of the signers imagined that his name would be used in a broadcast advertisement, apparently issued with the approval of the college from which he had been graduated. This advertisement should teach the profession a lesson of the danger of giving testimonials under any circumstances. In the first place, no reputable physician makes use of testimonials, this method of advertising being confined to charlatans. In the second place, few if any can testify, from their own knowledge, to the truth of statements with regard to proprietary medicines. I think, also, that the profession does not now regard it as safe to put in the hands of patients, for use according to their own judgment, preparations containing cocaine. As a matter of fact, the enterprise shown by the Mariani Company will probably prevent those whose names have been used from prescribing the "wine," and will have a like influence on the alumni of the colleges the names of which have been used.

The other instance of effrontery in advertising is in the case of the "Lactopeptine Medical Annual" sent as an advertisement by the "New York Pharmacal Association." In this remarkable publication are process-reproductions of photographs of some of the professors in the Bellevue Hospital Medical College. The New York Homœopathic Medical College, the Medical Department of the University of Pennsylvania; the American Medical College (Eclectic) of St. Louis, and the College of Physicians and Surgeons, of Chicago, are treated in the same way. These colleges are therefore presented as giving countenance to the "Lactopeptine" remedies.

The publication of my portrait in the "Lactopeptine Medical Annual" is my excuse for a notice of the claims for "Lactopeptine" as a therapeutic agent. It is advertised that "Lactopeptine contains the five active agents of digestion—pepsin, ptyalin, pancreatin, lactic acid, and hydrochloric acid—combined in the same proportion as they exist in the human system. These digestive agents comprise all known substances employed by nature in the preparation of food for assimilation."

Let it be assumed that the pepsin has been extracted from pigs' stomachs by the best methods, and even that the ptyalin is pure which is very improbable. According to the best authorities, ptyalin acts only in a neutral, or an alkaline medium. It is destroyed by hydrochloric acid, or by digestion with pepsin. Lactopeptine contains hydrochloric acid, or, if the pepsin be active, the influence of ptyalin must be *nil*. There is no such substance as pancreatin. The digestive constituents of the pancreatic juice are amylopsin, trypsin, strapsin, and a milk-curdling ferment. It is difficult to imagine that all these are contained in lactopeptine. Amylopsin is supposed to be identical with ptyalin, and all conditions which affect the action of ptyalin have a similar influ-

ence on amylopsin. The protolytic action of trypsin takes place in an alkaline medium only, and never in the presence of acids. An artificial digestive agent containing hydrochloric and lactic acids and trypsin is an impossibility, so far as any action of trypsin is concerned. Strapsin is a very unstable substance, and nothing need be said with regard to its possible action or the action of a milk-curdling ferment, as these substances exist, if they do exist, in such a compound as lactopeptine purports to be.

Lactopeptine, so called, as an aid to digestion, is a physiological absurdity. Any one who prescribes it in digestive disturbances, does so in opposition to universally accepted facts in physiology and sound therapeutic principles.

AUSTIN FLINT, M.D.

After a very careful reading of the above, we are unable to just get the hang of where the effrontery comes in and who are the affronted. Professor Flint carefully directs attention to "a folded card which was widely distributed to the profession, on the outside of which was printed, in large capitals, 'BELLEVUE HOSPITAL MEDICAL COLLEGE.' This appeared like an official issue by the College." If the reader will now scan the entire communication, then read it clear through from end to end, there will not be found a single syllable, word or line that either squarely or squintingly says the folded card was not endorsed, signed and officially issued as a joint advertisement of the Bellevue Hospital Medical College, its faculty and alumni, and the Mariani wine. Like circulars were distributed with the headings of other colleges.

Professor Flint moralizes: "However these signatures may have been obtained, he ventures to say that no one of the signers imagined that his name would be used in a broadcast advertisement, apparently issued with the approval of the college from which he had been graduated." Oh, my! The dear innocent ducky darlings, graduates of a metropolitan medical college? Won't some one come along and tell

them to just come in when it rains—
emblematic innocents abroad.

The pure-minded professor then gravely says: "This advertisement should teach the profession a lesson of the danger of giving testimonials under any circumstances." We are to infer that this privilege is to be exclusively enjoyed by college professors, they alone being supposed to know just where and when to affix their dignified signatures. While we cogitate over these profound utterances, our thoughts revert and wander away off to hundreds of thousands of secular newspapers, cards and pamphlet "ads." of proprietary baking powders, mineral waters *et id omne genus*, that bear prominent certificates from certain highly esteemed and honored members of the Bellevue Hospital Medical College faculty. Even the college "ad." has meandered all over and through the land in secular and religious newspapers, and in all sorts of directories, and every time with Professor Flint's name attached. Can it be possible that all this is done without the knowledge or consent of the faculty of the Bellevue Hospital Medical College? Or has there been a kind o' make believe protest all the time in existence away down deep in the heart of the grave professors?

Before leaving this first named effrontery, attention is directed to the fact that Professor Flint does not, even by inference, say that the Mariani wine is not just what the faculty and alumni of the Bellevue Hospital Medical College certify it to be. Perhaps if the faculty and college alone had been honored with a place in the Mariani *et* Bellevue Hospital Medical College folded card there would have been no phillippic sent forth like the above. But for a great host of the alumni to come in on the same folded card sort o'

makes the whole thing very common. The effulgent glory of the faculty seems to be eclipsed.

Effrontery number two is in the case of the "Lactopeptine Medical Annual." Here Professor Flint says: "In this remarkable publication are process-reproductions of photographs of some of the professors in the Bellevue Hospital Medical College. The New York Homœopathic Medical College, the Medical Department of the University of Pennsylvania, the American Medical College (Eclectic) of St. Louis, and the College of Physicians and Surgeons, of Chicago, are treated in the same way. These colleges are therefore presented as giving countenance to the 'Lactopeptine' remedies." From end to end of the distinguished professor's comments on lactopeptine and the New York Pharmacal Association that makes and markets the article, there is not one syllable or word to show that the pictures of every one of the above-named faculties, including that of Professor Flint, were obtained in any dishonorable way. Nor can we figure it out in any other way than that all those professors not only consented (all are of the age of consent) to the process-reproduction of their photographs, but the probability is they liberally paid for their "ads." in this particular form. There is not a word or line in Professor's Flint's communication to lead us to think in any other way.

In conclusion, we remark that there is not, in our humble opinion, a man in this Nation that more thoroughly has at his command the English vocabulary and its uses than Professor Flint. The glamor he appears to innocently throw over the dual effrontery he seems to have received is, to say the very least, somewhat peculiar. The entire communication is decidedly dim and shaded.

The individual that thinks Professor Flint and all the College faculties named just innocently allowed their "ads." to appear in the shape they are in, without seeing, and, if necessary, correcting a proof, don't know the difference between the foot of a prairie dog and that of an army mule.

An effrontery card in reply to Professor Flint may now very properly be expected from Mariani and the New York Pharmacal Association. It is their turn. And the conjoint scheme to obtain a free "ad." will have its full fruition.

THE AMERICAN MEDICAL ASSOCIATION.

As the next annual meeting of this organization will take place in Nashville on the 20th of this month, many of our readers are beginning to make their personal arrangements accordingly.

Nearly all delegates north and east of this point will pass through Cincinnati and go from here by way of the Louisville and Nashville Railroad, of which this is the northern terminus. Trains will leave this city at 8:35 a.m. and arrive in Nashville at 6:20 p.m., and leave here at 7:50 p.m. and arrive in Nashville at 6:50 a.m. Returning, leave Nashville at 8 p.m., arrive in Cincinnati at 6:52 a.m.; leave Nashville at 5:57 a.m., arrive in Cincinnati at 4:05 p.m.; leave Nashville at 9:30 a.m., and arrive in Cincinnati at 7:45 p.m. The fare from Cincinnati to Nashville is \$9. Passengers should take a receipt or certificate from the agent selling the ticket, presentation of which to the agent at Nashville will entitle the holder to a return ticket for \$3. These tickets have stop-over privileges, and opportunities to visit Mammoth Cave will be given to all who desire to visit this great wonder of the world.

The probability is that about one hundred delegates will go from this immediate vicinity.

The programme published in the last issue of the Association journal indicates a profitable and very large session. Large delegations will be expected from all parts of the South, while the indications are that the North will have a full representation.

HAND THEM AROUND.

A committee of American physicians has issued a circular earnestly inviting medical men of this country to take part in the coming Tenth International Medical Congress to be held in Berlin. A very peculiar circumstance in connection with the *personnel* of this committee is that not one man west of the Alleghanies is to be found upon it. San Francisco, New Orleans, Chicago, Milwaukee, Cincinnati, St. Louis, St. Paul, etc., are not represented. They are not of the "salt of the earth," and are probably only good enough to receive circulars for the purpose of inducing them to patronize certain steamship lines and prearranged European excursions gotten up by some philanthropic(?) Eastern medical man or other, solely for the convenience and edification of the Western barbarians. However, such kindnesses (sic) are taken for what they are worth, as well as the omission of the Mississippi Valley from the councils of the elect.—*Editorial Note in St. Louis Med. and Surg. Jour.*

INVENTION OF THE MICROSCOPE.—

The third centenary of the invention of the microscope is to be celebrated at Antwerp. There will be a historical exhibition of microscopes and demonstrations of its structure from its early beginnings to the present time.

DR. G. FRANK LYDSTON has been invited to deliver the opening address at the Kentucky State Medical Society meeting, at Henderson, May 14. Subject: Materialism vs. Sentiment in the Study of Crime.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending May 3, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Group not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	15	..	..	..	1	..	..	..	..	..	..	..
2.....	1	..	..	..	1	..	..	..	..	..	..	..
3.....	..	..	..	..	..	..	2	1	1	1	1	..
4.....	3	..	..	..	..	..	1	..	1	1	1	..
5.....	5	1	..	..	..	..	1	..	..	..	..	..
6.....	..	..	..	..	..	..	1	..	..	..	..	..
7.....	..	..	..	..	1	..	2	..	1	..	..	..
8.....	4	..	..	..	..	..	..	..	..	..	..	..
9.....	..	..	..	..	..	..	..	..	..	..	..	..
10.....	..	..	1	..	1	..	2	..	..	..	..	..
11.....	..	..	..	..	1	..	..	..	..	..	..	..
12.....	1	..	..	..	..	..	1	1	..	..	..	..
13.....	1	..	..	..	..	..	2	..	..	..	..	..
14.....	..	..	..	..	..	..	..	..	1	..	..	..
15.....	..	..	..	..	..	..	..	..	..	..	..	..
16.....	..	..	..	..	..	..	1	..	..	..	..	..
17.....	1	..	..	..	1	..	..	..	..	..	..	..
18.....	1	1	..	..	..	..	1	..	..	..	..	..
19.....	..	..	..	..	..	..	..	..	..	..	..	..
20.....	..	..	..	..	1	..	..	..	..	..	..	..
21.....	..	..	..	..	..	..	1	..	..	..	..	..
22.....	..	..	..	..	..	..	3	1	..	..	..	..
23.....	..	1	..	..	..	..	..	..	..	..	..	..
24.....	..	..	1	..	..	..	..	..	..	..	..	..
25.....	..	..	..	..	1	..	1	..	..	..	1	..
26.....	19	..	..	..	2	..	1	..	..	..	..	..
27.....	1	..	..	..	..	..	..	..	..	..	..	..
28.....	..	..	..	..	..	..	2	..	..	..	..	..
29.....	..	..	..	..	..	..	1	..	..	..	..	..
30.....	..	..	..	..	..	..	3	3	..	..	..	..
Cin. Hosp.	..	..	..	..	..	..	..	..	..	..	..	..
Good Sam. Hosp.	..	..	..	..	..	..	..	..	..	..	..	..
Totals	51	3	1	1	8	1	26	6	4	2	1	1
Last week.	51	2	4	..	3	..	27	9	2	3	3	3

The following is the mortality report
for the week ending May 3, 1890.

Croup.....	1
Diphtheria.....	6
Enterocolitis.....	2
Measles.....	3
Scarlatina.....	1
Typhoid Fever.....	5
Other Zymotic Diseases.....	2—20
Cancer.....	2
Marasmus.....	2
Consumption.....	12
Other Constitutional Diseases.....	0—16

Apoplexy.....	3
Bronchitis.....	6
Convulsions.....	4
Enteritis.....	5
Heart Disease.....	7
Meningitis.....	7
Nephritis.....	3
Pneumonia.....	4
Other Local Diseases.....	28—67
Deaths from Developmental Diseases.....	17
Deaths from Violence.....	5
Deaths from Unknown Causes.....	3

Deaths from all Causes.....	128
Annual Death-rate per 1,000.....	20.48
Deaths for corresponding week in 1889.....	85
Deaths for corresponding week in 1888.....	112

J. W. PRENDERGAST, M.D.,
Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 48 cities and towns during the week ending May 2, 1890:

Diphtheria: Cincinnati, 26 cases, 6 deaths; Cleveland, 17, cases, 3 deaths; Toledo, 9 cases, 2 deaths; Beverly, 4 cases, 1 death; Piqua, 2 cases, 1 death; Millersburg and Milford Centre, each 2 cases; 1 case each in Chillicothe and New Washington; Utica, 1 death.

Scarlet Fever: Columbus, 15 cases; Cleveland, 14 cases; Springfield, 7 cases; Toledo, 4 cases; Bloomville, 3 cases; Middleport, 2 cases, 2 deaths; Lancaster and Glenville, each 2 cases; Cincinnati, 1 case, 1 death; 1 case each in Tiffin, Portsmouth, Youngstown, Kent, Chillicothe and New Washington.

Typhoid Fever: Cleveland, 15 cases, 1 death; Cincinnati, 4 deaths; Springfield, 2 cases; Middleport, 1 case, 1 death; Youngstown, 1 case.

Measles: Cincinnati, 51 cases, 3 deaths; Garrettsville, 49 cases; Cleveland, 20 cases, 4 deaths; Warren, 12 cases; Glenville, 7 cases; Cuyahoga Falls, 6 cases; Columbus and Geneva, each 5 cases; Elyria and Springboro, each 4 cases; Springfield, Arcanum and New Carlisle, each 3 cases; Ironton and Lancaster, each 2 cases; Portsmouth, 1 case, 1 death; Youngstown, 1 case.

Whooping-Cough: Utica, 12 cases; Cincinnati, 8 cases, 1 death; Cleveland, 4 deaths; Bloomingburg, 2 cases.

The following places report no infectious diseases present: Ashley, Bainbridge, Carthage, Chester Hill, Dalton, Defiance, Fostoria, Matamoras, Painesville, Rawson, Salem, Smithville, Versailles, Wooster and Wabash Tp. (Darke Co.).

C. O. PROBST, M.D., Secretary.

PHYSICAL EDUCATION.

Public, social and educational movements in the United States often advance with so much rapidity that the observer is surprised at finding what he

had fancied simply a promising sapling, already grown to the proportions of a fully developed tree of quite wide spreading amplitude.

This can certainly be said to be true of the growth of physical culture in America. Twenty years ago, athletics consisted of the sports of a few exuberant college undergraduates engaged in intercollegiate contests. Twelve years ago, nowhere, in Boston at least, could a woman or child get any instruction in relation to physical training. At the present time, even leaving out of count the large "business plant" devoted to baseball and other contests, physical training has been organized into a profession of considerable importance, involving and implying study, training, thought and research.

It is hardly probable that the expansion attained in Sweden by this profession will ever be gained in America. Owing to the great influence of a remarkable man, acting upon a small nationality, physical culture began to assume unusual proportions in Sweden, until it has become necessary to limit by statute the field of action of the professors of this new craft, who began to arrogate to themselves the functions of medicine without any adequate training. In America there is not only no antagonism between the medical profession and gymnastic teachers, but most hearty sympathy and willing co-operation between them. The teacher of gymnastics with us is, as a rule, too practical and sensible a man to assume greater knowledge, involving much responsibility, than he can justly claim. He has a large field of usefulness, even in the lower grades of the profession, namely, that of conducting gymnasia where the healthy athletic spirit, which is now so widespread in the community, may find opportunities to prepare for sports and contests. If he wishes to fully equip himself to give advice in regard to the proper form, the extent and variety of exercise suitable to each individual, he needs much training, experience and reflection of an almost strictly medical nature. In fact, he should be an adept in personal hygiene, in applied as well as theoretical physi-

ology, and be sufficiently familiar with the elements of medical practice to be able to understand medical advice, even if not himself a qualified practitioner.

The fact that at the fifth annual meeting of the American Association for the Advancement of Physical Education, recently held in Boston, the leading universities of the country were represented by the heads of the department of physical culture of each university, is at once sufficient evidence that the Association has substantial foundations, and that we have fairly entered on an age of general physical training.

This Association originated and has grown with the growth of the athletic movement in this country, which is both healthy and promising; but much praise is due Dr. D. A. Sargent, who has just been elected its president, for his efforts in forwarding and helping the development, on better lines, of what may be termed athleticism. Dr. Sargent has been subjected to some criticism, as is inevitable in a career of persistency and firm conviction, but any one who has been aware of the time and attention he has devoted to the improvement in the details needed in gymnasia, and the thoroughness in the preparation of tables of measurements as guides in advising gymnastic exercises, as well as to the training of proper gymnastic teachers, who have gone forth from his teaching enthusiastic apostles of the cause of hygienic righteousness, will bear witness, not only to the unselfishness of Dr. Sargent's work, but to the wide scope which he has assumed to himself as a head of this department in one of the leading universities of the country.

Girls and young women are quite as sure to demand a share of their brothers' physical advantages as they are to demand a chance at Greek and the higher mathematics. The number of intelligent women interested as teachers in gymnastics was very noticeable at this recent meeting, as at the Conference on Physical Culture held in Boston, last November. There are several women who, after a medical course and a medical degree, have fitted themselves at home and abroad for the supervision of

physical training, and are doing, or are prepared to do, good work in girls' schools and colleges. All this is a most hopeful sign of the times, for the class in the community which most need the development of their bodies are growing girls and women. In fact, if it were possible to conceive of a female John Sullivan as a physical heroine in the young female community, the example *physically* might be of no little good to future generations. In the absence of the possibility of that, or of inter-civic "Lady Base Ballists," or "Sisterhood Leagues," of "Lady Sluggers," etc., we have to look for the proper physical development of the future mothers of the coming generation largely to the teachers of female gymnasia.

Of these, Miss Allen, of Boston, has been a successful pioneer, and is worthy of much praise and commendation. That the movement is spreading is evident in the number of teachers from the different female seminaries and high schools in neighboring towns. This branch of gymnastics is in need of special care and thought, that the muscular system may not be developed at the expense of the internal vital organs. But if we are destined to see our Eastern cities following the example of some of the cities of Kansas, and electing female Boards of Police, it is to be hoped they may have muscles as well as brains.

The number of books which appear (we have received four within a few days from different parts of the country), advocates of physical training in the abstract or of special systems; the number of firms in business to supply apparatus for home or gymnasium use; the number of meetings for the theoretical and practical consideration of physical training and athletics — all point in the same direction. Here in Boston, in addition to the Conference and Association to which references have already been made, there have been this winter inter-athletic association indoor contests, and inter-scholastic indoor contests, and finally, last week, the annual meeting under the auspices of the Amateur Athletic Union of the

United States, at which not a few records were broken. All these events have been participated in by large numbers of contestants from various parts of the country as well as from in and around Boston, and watched by throngs of spectators who had bought tickets at theatre prices.

The body is certainly no longer held as *vile*, and the future should look hopeful to those eager for its canonization. Should the mind of the coming man not respond to demands and expectations, it cannot find exculpation in *neglect* of the body; though it may shabbily trace some deficiencies to too persistent attempts at record breaking.—*Boston Med. and Surg. Journal*.

MEDICAL EDUCATION IN THE UNITED STATES.

If America has sometimes seemed to be open to the charge of neglecting the more scientific side of medicine and medical education, that reproach is in a fair way to be removed. Hardly a month passes but we hear of fresh foundations of laboratories and chairs. At the present time a large new laboratory is in course of erection as an extension of the accommodation already provided in the Harvard Medical School, Boston, U. S. A., and the University of Pennsylvania, having obtained an endowment fund of \$200,000 for the department of hygiene, is about to erect a hygienic laboratory at a cost of \$50,000.—*British Med. Journal*.

PETROLEUM FOR SCABIES. — Anoint the whole body.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

This collection of *bon mots*, anecdotes and poems, is abstracted from the four volumes of French medical wit and humor, published by that Prince of *raconteurs*, Dr. Witkowski. Many stories are omitted, as they have too much Rabelaisian salt for the average English medical palate. These anecdotes are translated, let it be well understood, for those good fellows of the profession who have strong stomachs and healthy livers, and not for those immaculate but dyspeptic Puritans who are always astonished and indignant when ought not serious is written by a physician. The latter class of Æsculapians, as well as little girls in short clothes who eat strawberry tarts and essay the practice of physic, should not peruse that which follows, as the wisdom therein contained will not equal that found in the "Book of Proverbs," nor will French medical poesy be found quite as chaste as that most immortal of works the "Songs of Solomon."

* * *

THE HIPPOCRATIC OATH.—I swear by Apollo, physician; by Æsculapius, by Hygeia and Panacea, by all the Gods and Goddesses, taking them as witnesses that I will fulfil, according to my strength and capacity, this oath and the following covenants: I shall place my preceptor in medicine in the same rank as the authors of my day. I shall divide with him that which I have, and in case he fails in health shall provide for his wants. I shall cling to his children as a brother, and should they desire to study medicine, I will teach them without salary or other compensation. I shall impart precepts and oral lessons to my son and to my preceptor's son and to such disciples of medicine connected with him by engagement, binding them by this same oath; but no

other shall be instructed. I shall prescribe a proper diet for my patients, one that shall be to their advantage following my judgment, and shall abstain from doing them any evil or injustice. I shall give no one poison if it be asked of me, nor shall I take the initiative from similar suggestion; likewise I shall not give to any one an abortive pessary. I shall pass my life and shall exercise my art in innocence and purity. I shall not practice the art of cutting for stone, but will leave that to the surgeon. I shall preserve myself from all voluntary evil doings and corruption, especially from the seduction of women and children, free and slave. Whatever I see or hear in families during my practice or even outside the exercise of my profession, I shall hold my tongue as to that which should never be divulged, regarding discretion and silence as a duty under such circumstances. As I fulfill this oath without violation, so may I enjoy life and the practice of my profession, honored forever among men. Should I violate my obligation and be a perjurer, so may misfortune come and dishonor overtake me.—[*E. Littré*.]

* * *

THE HEIGHT OF PRUDENCE.—There was once a diabetic patient who refused the Holy Sacrament because his physician had forbidden him the use of starch food.

THE EPITAPH OF HIPPOCRATES.

*Hippocrates hominum est columen, decus
Aula Salutis,
Aula patet raris jam nigra funeribus.*

Curious fact. This distich reversed reads:

*Funeribus nigra jam raris patet Aula
Salutis
Aula decus columen est hominum Hippocrates.*

Hippocrates was the Saviour of men; entire races through him continued life, and as many as lived made a scarcity of dead in hell.—[*Florent Cretien*.]

* * *

A DROLL IDEA.—Gaspard Schött, an erudite but very singular author, says in his work "*De Secretis Naturæ*," that the child at birth has its face looking downwards towards the

earth like a criminal. Its first cry at the sight of light is O. A.; that of the mother is O. E. Nothing is easier to explain than these significant sounds. O. A. is nothing else in meaning than "O, Adam, why did you sin;" and O. E. signifies "O, Eve, why did you lead our first parent into temptation?"

* * *
REFLECTION OF A VENEREAL SPECIALIST.—Secret maladies are so called because they *secrete*.

* * *
THOUGHT BY SCHOPENHAUER.—The physician sees man in all his weakness; the jurist in all his wickedness; the theologian sees him in all his stupidity.

* * *
PRECEPT OF THE PHYSICIAN.—To cure sometimes, to relieve often, to console always.

* * *
Primo non nocere. Ante omnia cura. Nil desperandum. Ubi vita ibi spes.

* * *
A LEGEND OF HOSPITAL WARDS.—*Internes* are not always on the best terms with the autocrats of hospitals, and conflicts sometimes arise in the wards. Some years since at "*L' Hôpital de la Pitié*," there was an individual who was very jealous of his authority—a self-conceited ass—to whom politics and not merit had given official power, this stupid being determined to curb the ambitions of the hospital *internes*. One beautiful morning, after a liquor-stupified nap, he issued the order for the day in which the *internes* were forbidden to receive a patient without entering on the bulletin a precise diagnosis of the malady.

There was great emotion in the hospital wards when this order was received. The *internes* thundered and vociferated against the gross pretension that obliged them to write a precise diagnosis in each case when the chiefs of the service themselves were often embarrassed by such a task. The *internes* held a council of war, and determined to enter protest against the Directorial tyrant, and so settled on an extravagant and uniform diagnosis to be applied to each case. They concluded

to declare that all patients admitted to the hospital should be designated as anencephalic.⁽¹⁾

The idiotic Director, who read with care all the bulletins of admissions, sincerely felicitated himself, and remarked *sotto voce*: "Ah! this is what comes of scientific exactitude. These *internes* now receive nothing but anencephalic patients; congestion of the lungs, rheumatism and liver complaint are no longer recognized as diseases. See what progress I have impressed on our medical science." But soon the autocratic Director was alarmed. No cases but anencephalic cases were admitted; it was a frightful epidemic which raged throughout the Parisian capital. He convoked his *internes* and ordered them to take hygienic measures of the most severe type, to the end that all might escape the destructive plague.

The epidemic continued its course and anencephalics crowded the registers of the hospital, when one day a statistician, who was endeavoring to discover the relationship existing between aneurisms of the central artery of the retina and fractures of the tibia, desired to see the admission register. Statistician as he was, he was overcome when he read in the register: "Phillip Courtois, stonecutter, aged sixty-five years, *anencephalic*. Marie Prequard, washerwoman, *anencephalic*." He counted 139 consecutive cases, and was shocked to see such a collection of *anencephalics* of such antiquity. He ran to the Director and had a conference with him, which plunged the latter into a most frightful rage, and he proposed to launch on the heads of the guilty *internes* the vials of official wrath. He determined on revenge.

From that moment the *internes* were, as in the past, permitted to make diagnoses *ad libitum*, but were forbidden by a new order to make autopsies in the hospital. New consternation among the *internes*, but very quickly

1 Which signifies without brain or spinal cord; a common affliction noted among hospital managers. This vice of conformation is observed only among fetal monstrosities, who as a rule, do not continue to live long after their birth.

another council of war and decision; from that moment all the deaths were marked on the bulletin "*Suspicion of poisoning.*" Now, in such cases, the legal autopsy must be made in presence of the Director, Commissary of Police and a physician not connected with the institution. The enraged but unfortunate Director now passed a miserable existence in the mortuary. From the dawn, when Aurora's rosy finger opened the gates of the East, an *interne* was continually at the Director's door, crying: "Monsieur, a post-mortem is demanded by law, as there are suspicions of poisoning." He could not set down for a meal without his presence in the dead-room was urged and required. The Commissary of Police was likewise overwhelmed with indignation and tribulation, and wished the hospital and its management were with the Devil, as never a trace of poison was found in any of the all too numerous cases.

At the end of one month of this experience the Director concluded that an autopsy would soon be made on him if he persisted. Thereafter the *internes* made diagnoses *ad libitum*.—[*Foulin.*]

IN FORMER DAYS.—A touching story is told of the two brothers Damianus and Cosmas, who lived and practiced medicine in the reign of Diocletian. They observed with scrupulous fidelity the words of our Savior, "*Freely you have received, freely shall you give;*" but one day it happened that Cosmas seemed to have lost his pious habit. His brother Damianus was overcome with sorrow, and in his grief he forbade that his body should be buried by the side of his brother's. What occasioned this disruption of fraternal feelings? Cosmas had answered the pleadings of a poor woman he had cured, and consented to receive from her a fee of *two eggs*.

IN MODERN DAYS.—Following a fortunate operation made on a child suffering from membranous croup, a mother went to thank Dr. V., and handed him a beautiful embroidered purse. "Accept this little present of

my own handiwork as a token of my gratitude," remarked the lady. "I will accept it, truly," growled Dr. V., a little out of humor, "but with the distinct understanding that my fee of three thousand francs shall be paid."

The lady blushed, took the purse out of the surgeon's hands, and removing two thousand francs (the purse had contained five thousand), she quietly remarked as she handed it back: "Very well, Sir; there is your fee," and retired, leaving the discomfited and avaricious man to his own thoughts.

AN INDISCREET NEEDLE.—To the regret of the Theatre Francais, that had learned to appreciate the talent and intelligence of the actress Augustine Brohan, it was learned that the company was liable to lose the services of the young artiste, for a strange and unexplainable malady seemed to threaten her life. The most celebrated physicians were consulted, and all declared that Augustine had developed a cancer of the right breast, and spoke of the terrible operation necessary for its removal. Happily for the actress, Ricord was called in the case, and with a simple cut of the bistoury he removed a needle from her bosom, remarking: "You do wrong, my dear child, in using your breast for a pin-cushion. Do not commit such an error again."—[*Eugene de Mirecourt.*]

TOO MUCH ECONOMY.—One day a friend came to see Velpeau and desired the loan of a hundred francs. The surgeon went to his secretary and took therefrom the note, which he showed to his friend, saying: "If I loan you this it will never be repaid, and we shall no longer be friends; on the other hand, if I refuse you will be angry with me. So I will keep my money." And thus speaking he replaced the money in his secretary, carefully locking the door.

THE DANGER OF LATIN PRESCRIPTIONS.—Boyer examined, in his hospital service, a patient attacked by colic, and proclaimed, in a loud voice: "*Fotus emolliens supra abdomen*"—that is to say, emollient fomentations on the belly.

At these words the patient cried in despair, thinking the physician had pronounced his death sentence.

LINEs ON PORTAL.—Malice laughs in his sleeve and makes him the gayest of doctors. We find him a snake in the grass, but 'tis the serpent of Æsculapius—[*Boufflers*.]

FREE TRANSLATIONS. — D. M. P. (Doctor Medicine, Paris): *Dat Mortem Paucis*. D. M. M. (Doctor Medicine, Montpellier). *Dat Mortem Multis*.

AN EXCEPTIONAL CASE. — Louis XIV. died at the age of sixty-five from confluent small pox, after having had an attack of the same disease at the age of forty.—[*L. Moynac*.]

LAST ILLNESS OF FRANCIS I.—That Francis I. had a fistula in the perineum and Louis XIV. had one in his anus is nothing very extraordinary, and we can call up the old tiercet:

"In fifteen hundred and forty seven,
King Francis died and went to Heaven,
From a dose of pox by his mistress given."

Yes, the causes of the death of Francis were rather complex, and we are led to believe he succumbed consumed by political embarrassment and the joys of life, fatigued by the pleasures of all kinds except those of the table. He had a malady of the urinary apparatus, due probably, but not entirely, to his venereal disease.—[*A. Corlieu, La mort des Rois de France*.]

RECIPE FOR CONTRACTING GONORRHOEA.—Should one desire to contract this malady, the following remedy will be found infallible: Take a pale, lymphatic woman, blonde rather than brunette, one with a tendency to leucorrhœa; dine in her company, commencing with oysters on the half shell, followed by asparagus; drink dry white wine during the repast, finishing up with champagne and coffee; waltz afterwards with your companion until you both are overheated. Take beer before retiring, and on awakening next morning, be sure to indulge in a hot bath and do not neglect a prophylactic injection.

This programme, conscientiously followed, will induce the malady unless you are under the protection of special Providence.—[*Ricord*.]

CRUELITIES TO DOCTORS.—Alexander burned the Temple of Æsculapius and crucified his physician, Glaucus, in order to avenge the death of his favorite, Ephestion.

Charles VI. hung two monks who had promised to cure him by incising his scalp and failed in their attempt.

Goutchram, King of Orleans, executed two physicians in obedience to the desire of his Queen, whose death they were not able to prevent.—[*Francois Fabre*.]

INSCRIPTION FOR AN ANATOMICAL AMPHITHEATRE.—

Pallida scrutantes solerte cadavera cultro,
Hic mors ipsa docet morti subducere vivos.

Adaptation.—On these bodies, harvested by homicide Death, Æsculapius gives his instructions, teaching his lessons in the healing art by matching Death against Death.

ON COLDS IN THE HEAD.—All that physicians have been able to do for cold in the head is to call it *coryza*.

"What do you do for a cold in the head?"

"I treat it with contempt; and you?"

"I? When I have a cold in my head I sneeze."

A MISTAKE OF MYOPIC SUBJECTS.—Augustine Brohan, who was myopic, one day left the hotel of the Minister of the Interior in company with Paul Foucher, who was likewise myopic. It was eight o'clock in the evening and the rain was falling.

"How tiresome" remarked the beautiful actress, "to think that no cab should be in sight on such a dismal night."

"Ah! there is a cab!" exclaimed Foucher. "Stop coachman!"

They walked on together and crossed the street. Foucher opened a door, saying, "Ah! here we are!" But alas! it was the door of an apothecary shop, and the red lights they had mistaken

for cab lamps were only the colored globes of a pharmacist.—[*Eugene de Mirecourt.*]

* * *

AN AUDACIOUS SURGEON.—A surgeon-major, N., turned Passan over to the French army in 1805 by the following stratagem. Being on the advanced post he had been made prisoner by the Austrians, and had placed a white handkerchief around his arm and demanded an audience of the Austrian Governor. "In an hour," said he to this official, "our army will be before your town. It is so strong that you can never resist its might, and it is to prevent useless waste of life that my commander sent me to forwarn you of his arrival. He has chosen this town as his military hospital, and I request you to point out to me the buildings in which the wounded shall be placed, and trust you will act immediately, as there is no time to lose." The surgeon's tone of assurance and the reports of the outposts, who verified the approach of the French army, decided the Governor of Passan. Thinking he would soon be forced to retire, he evacuated the place and retreated with his garrison, leaving the town in charge of the major.

* * *

BIOGRAPHICAL NOTES. — Broussais recognized inflammation as a cause of all diseases and bled for its effects; which fact led him to be called a doctor of fire and blood.

Ricord was a learned man whose investigations led him to rectify an important point in mythology. He demonstrated that it was better to have married Venus to Mercury than to Vulcan.

Gosselin was a surgeon who at "*L'Hôpital de la Charité*" cut off legs with a smile, disarticulated joints good humoredly, and made incisions so gracefully that one almost wished to have some operation performed. His merry laugh made all believe that all surgical procedure gave the greatest pleasure—to him.—[*Charivari.*]

* * *

AN OLD RECIPE AGAINST RHEUMATIC GOUT.—A quarter pound of indifferece with as much resolution, of which make an infusion with the juice

of patience. Add forced gayety and two ounces of society. Now, take two drachms of exercise; avoid care and avarice, but mix two grains of devotion and stir the whole together. If this recipe be agreeable to take, imbibe it morning and night with a finger of old wine. Should you follow this recipe you may defy the disease and the doctors.

* * *

TO MY DOCTOR FROM HIS PATIENTS.

ON HIS BIRTHDAY.

AIR—"Ainsi Jadis un grande prophete."

Here's to his health, in many a glass,
To the doctor whom so much we owe;
I fear he will steal from the feast, alas!
To visit some client full of woe.
His art condemns him to such care,
The sick for him each moment send;
Ah! feverish patients, be but fair,
And let us feast, for once, our friend.

Yes, for once, shall his clients wait;
Let him in the family circle rest.
Yet twenty fools have come to state
That he must answer their behest;
Lovers of Venus, full of their ills,
Bid him call their pains to attend.
Pray go, gentlemen, take your pills,
And let us feast, for once, our friend.

How! cannot babies come to this earth
Without sending him from home?
Needs he be called in at every birth,
Shall every husband say to him "come?"
Aye! to the newly wed's childbed moan
Only a deaf ear, dear doctor, lend;
Let the woman her labor postpone,
And let us feast, for once, our friend.

Long and happy may his life be,
Bright his autumn, his winter not near;
Long may he live to care for me,
Ever may plenty his kind heart cheer;
May he give us our last embrace—
To die without him may Heaven defend;
May our last glance be at his face,
And let us feast, for once, our friend.
—[*Beranger.*]

* * *

CONSOLATION FOR GOUTY PATIENTS.—Sydenham, the great Westminster practitioner, to whom we owe the invention of laudanum, declared he was unable to cure himself of gout let alone his patients. Cruelly tortured and condemned to an almost absolute immobility, he consoled himself and his companions in misfortune by that celebrated jest: "The gout tortures me; it may

kill me perhaps, but I prefer to die from gout rather than from any other disease. *Death from gout is never the death of an imbecile!*"—[E. Crotet, "A Eulogy to Gout."

THOUGHTS OF LA BRUYERE.—As long as men must die, and as long as they wish to live, the doctor will be ridiculed but well paid.

One is only permitted to stick out his tongue at a doctor.

It is the office of the physician to examine the breasts of all nursing women.

FATHER BROCA.—One cold and and sombre night in winter a knock was heard at Broca's hospitable door, which, like that of the Chateau d'Avenal, was always open to the afflicted. It was a peasant, who had come to ask Broca to accompany him to a sick person. Hearing ever the voice of duty in his medical zeal, Dr. Broca followed the peasant haphazard until his legs gave way. Finally they arrived at a lonely spot where there were only a few scattered houses, when the peasant turned and coolly remarked to Broca: "Many thanks, Doctor. Now let me tell you the truth: I invented the story of a sick person because I feared to come into this neighborhood alone, and desired your company only for protection. Thanks again for your kindness." And the man disappeared in the night, leaving Broca indignant and very much mystified. "Happily," said Broca afterwards, in telling the story and laughing, "this peasant did not demand my watch and purse."—[Amadee Latour.

POX AND SMALL-POX.—Mademoiselle Duchand, actress at the Opera, died of small-pox. "She was modest in taking her choice," remarked Fontanelle.

Ricord was asked if pox and small-pox belonged to the same family. "They are sisters," he replied, "but do not occupy the same bed."

AN ENEMY OF BORDEU.—The physician Bordieu was never able to throw off a profound melancholy, to which

was added gout, the latter carrying him to his tomb. He had many friends in the profession, but likewise numerous enemies. One of the latter, after his death, said: "I do not believe he died horizontally." We know that those condemned to hang by justice always die vertically.

CONSULTATION IN A CASE OF STERILITY.—Matthieu de Gradi, called also Ferrare, Milanais by birth, was made Doctor of Medicine in 1436 and died at Paris in 1472. He occupied the first chair in the School, and was a physician of wide-spread reputation. The following is his recipe for sterility, given in Latin. Those needing the prescription may render it into English at their own convenience.

"Incipiant verbis delectabilibus et gratis, et tactibus mamillarum et partium inferiorum ut utterque eorum ita disponatur, ut si possibile sit fiat eadem hora concursus seminis utriusque. Et ut clarius intelligatur, fiat adhesio cum muliere usque dum videatur esse desiderans, quod cognoscitur ex immutationi coloris oculorum ab rubedine, et locutioni quasi videatur balbutire, et anhelitus notabiliter elevetur, semper pertractando, partem, maxime quæ jacet inter annulum et vulvam; nam locus ille est delectabilis locus. Et cum jam cognovit desiderium ejus, tunc ascendat super mulierem et exerceant ad complementum; et postquam compleverint, adhuc adhæreat vir mulieri per tempus iterum; et tandem amoveatur quiete ab ea ipsa semper tenente coxas levatas et strictas per horas duas; non tamen descendat nisi prius percepit corrugationem matricis circa membrum viri et succioneu quasi seminis; quo actu completo; quiescat mulier in lecto per tres dies, carendo a tussi præcipue." — [Dr. Bremond.

AN ACCOUCHEUR'S TALE.—A young woman for the first time tasted the bitter fruits of Hymen. The poor child believed her end was near, so great her agony when the infant saw the light of day. Her young husband, who had witnessed her sufferings consoled her thus: "My dear Agnes, I swear to thee

that never again shall this happen. I would desire to die rather than make thee endure such tortures." The young wife, now that the babe was born, smiled at her husband and replied: "Do not weep. There is nothing to be alarmed at in such matters. I do not need thy pity. They all tell me that second labors are not half as bad as the first. Let that console thee my Claude." —[*Essais Historiques, littéraires et critiques sur l'art des accouchements*, 1779.

UNSELFISHNESS OF DEPUYTREN.—The youth of Depuytren was most honorable; he was full of the spirit of duty and study. He had hard struggles, but no one, it is said, ever heard him complain. Saint Simon, who loved him, supposing that Depuytren was suffering from pecuniary embarrassment, placed five hundred francs in his hand. Dupuytren looked at them a few seconds in surprise and then ran after Saint Simon. "See here! you have forgotten your money." Saint Simon replied: "That is true" and took back the money with-

out insistence, knowing how proud and easily vexed Depuytren would become. Depuytren, when he became wealthy, made a generous use of his money. He gave the village of Pierrefeu, his birth place, 5,000 francs for a public drinking fountain. He gave the Museum of Pathological Anatomy 20,000 francs for the establishment of a choir. He offered Charles X., in exile, one million of francs. He was a Prince in his benefactions.—[*Le Médecin*.

THE STOMACHAL SPECULUM.—One of our ablest practitioners, it is said, passed a speculum into a well-known Parisian lady. The uterine examination finished, he was removing the instrument when the lady touched him on the shoulder saying: "Beg pardon, doctor, for my inquisitiveness, but I have felt a pain in the stomach for several months. While you are examining me, could you not find out what is the matter up there?"

[TO BE CONTINUED.]

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OBSCURE RECTAL, OR SO-CALLED RECTAL DISEASES.

BY
GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

There are certain cases which have been supposed to be disease of the rectum which we occasionally meet with. We are more apt to find them in women than we do in men. I have seen ten cases, nine in women and but one in the male. The symptoms are very similar to those found in irritable ulcer of the anus and rectum—pain in the rectum of a disagreeable character, coming on at the time of stooling or shortly thereafter. The pain is not as severe as we have in fissure, but it is rather a full, heavy, uncomfortable gnawing sensation, as though worms were tugging at the mucous membrane and crawling about in the rectum. Patients will always complain of the suffering being in the rectum. I have my doubts whether the trouble is really in the rectum or not, for upon digital and speculum examination we find nothing abnormal—no lesion of any description. It may be that the mucous membrane of the rectum is a little redder than natural, still I do not know that it is any more so than we have in a case of slight constipation. I have examined the rectum with the utmost care in these cases, and found not the slightest indication of any disease that would account for the suffering.

This pain may continue all day, but gradually becomes less severe. It may pass off entirely, to be reproduced at the next stooling. In some cases it does

not disappear at all during waking hours. Then, again, it may go off and the patient be free from it for a week or more, or have so little that attention is hardly called to it.

We find that the sufferers from this trouble are particularly and emphatically of a nervous temperament, thin in flesh, countenance pinched, hardly what may be called anæmic, but still I imagine there is some lack of red corpuscles in the blood. They are inclined to be hysterical, fretful, fault-finding, and despondent. Nothing seems to give them any satisfaction. They maintain that no one has ever suffered as they do, and that none sympathize in the least with them.

I had one case, however, in a lady who was inclined to be fleshy, and was not particularly of a nervous temperament. But she had no disease of the rectum that I was ever able to discover; still she complained of the pain which I have described above—in fact, while awake was never free from it.

I call it neuralgia of the rectum. Why not have neuralgia of the rectum as well as elsewhere? I know some maintain that there is no such thing as neuralgia of the rectum; that where there is suffering in the rectum it is always the result of some local disease. I cannot see any good reason for this opinion. The only reason that would mitigate against it being neuralgia is the tendency for the pain to come on after defecation, and usually passing off before the next action of the bowels.

I formerly was of the opinion that there must be an ulcer of an irritable nature not discoverable with the naked eye. Yet producing divulsion or cutting the sphincter, which we know will cure a fissure, does not cure or even relieve this trouble.

Another cause of the trouble I have imagined to be the healing of some former lesion and a fibre or nerve has been exposed, or caught in the cicatrix in healing. If this was the case it appears to me that stretching the sphincter or drawing a knife through the mucous membrane ought to cure it, but it does not.

I have thought, and I am not sure but that I am correct, that the trouble is not in the rectum at all, but in the urethra, bladder, womb or ovaries. But in some of my cases I have not been able to find any disease with these organs.

We find that the usual methods of treatment which will cure ulcer have no effect in relieving this trouble. Iodoform, gr. iij, and powd. opii, gr. ss, made into a suppository with cocoa butter and introduced into the rectum at night will give relief, and I expect it would if introduced into the vagina, but this is not curative. It is better not to use opium, even in suppositories, for any great length of time, on account of the danger of producing the opium habit.

My method of treatment of this class of cases has been as follows: I first produce atony of the sphincter muscles by stretching with the fore-fingers. This should be done under chloroform. Every second day I pass as large a rectal bougie as I can. I use iodoform and sub. nit. bismuth suppositories.

R Iodoform, gr. iii.
Sub. nit. bismuth, gr. x-xv.
Ext. belladonna, gr. ½.
Butter of cocoa, q.s.

M. To make rectal suppository.
S. Introduce on going to bed.

This local treatment does not cure of itself, but I think aids the cure.

After the patient has an action in the morning, I have them inject:

R Fl. ext. hydrastis canadensis, gtt. xxx.
Aqua, 3ss to 3j.

I have the patient retain this if they can, which they are able to do if they will lie down awhile.

I keep the bowels regular by having the patient use comp. liquorice powder, or P. D. & Co.'s fl. ext. cascara sagrada

and glycerine, equal parts, a teaspoonful sufficiently often to produce soft stools. This preparation is exceedingly bitter, and can be flavored with any aromatic.

If indigestion be present I relieve that with suitable remedies, or for a time put the patient on the milk diet. The milk may be combined with lime-water. A bitter tonic helps:

R Fl. ext. taraxicum, ʒi.
Tr cinchona, ʒij.
Infusion gentian, ʒv.—M.
Sig. One tablespoonful before eating.

I find benefit from the use of strychnine and phosphorus. Fellows' syrup of the hypophosphites is excellent. These preparations have to be given for a long time to be of service.

The treatment, however, from which I obtain the greatest relief is electricity. It, in connection with the other remedies, I believe will cure nearly every case of this kind. I find galvanism the best form of electricity to use. I use it three times a week. I have the diamond carbon battery. I use about fifteen cells. Apply one electrode sponge over the sacrum and pass the other over the abdomen; these may be frequently changed from positive to negative. I continue the electricity from fifteen to twenty minutes at each treatment. I sometimes introduce a positive electrode into the rectum and pass the negative sponge over the spine or abdomen. From five to eight cells is strong enough for this purpose.

This method of treatment, persisted in from three to six months, I believe will cure any case of this kind. I have not failed in a single case where I have used it. Before using the galvanism I could only give temporary relief.

Of course, in connection with electricity we must use any remedies that any diseased condition otherwise demands. I find in these nervous diseases that it is a pretty good plan to positively promise a cure, to convey no idea of doubt in the case. This may be quackish, but I find it helps amazingly in the management of the case, especially if the patient places implicit confidence in you and believes what you say.

Another important matter is to convince the patient that you know just what you are doing, that you have good and sufficient reason for everything you do. In this class of cases, and, in fact, in the majority of nervous diseases, faith in the doctor is one of the essential elements towards the success of treatment. I do not care to treat a nervous disease unless the patient has faith and confidence in me. I do not by any manner of means pronounce this confidence and faith curative, but observation has proven to me that it very materially aids in the successful management of these cases.

442 W. Walnut st.

AGARIC ACID IN NIGHT SWEATS.

BY

G. W. PRUGH, M.D.,
CINCINNATI.

I do not know that I am calling the attention of the profession to any thing new, but I have seen so little upon the subject of agaric acid, that its use had not been contemplated by myself until recently. The results have been so satisfactory, that I think it worthy of especial notice.

Some months ago, I visited the laboratory of Mr. C. W. Phillips, of 484 Eastern Ave., druggist and chemist, and found him engaged in thoroughly investigating *boletus larici*, of which agaric acid is a constituent, an exposition of which will be found on page 194 of the Proceedings of the American Pharmaceutical Association for the year 1889, and would be worth looking up. He succeeded in obtaining a pure acid, free from resin or cathartic properties, upon which fact, I think, depends its usefulness in the above-named trouble. In every case in which I have given it a trial, it has proven perfectly satisfactory. It should be given in doses of one-eighth of a grain every three hours until one grain has been administered, when usually the desired result will have been obtained.

Mr. Phillips concludes, as a result of his investigation, that there exists a confusion of names concerning the drug,

which has led to the use of a product not pure and simple agaric acid, and hence unsatisfactory results; but I am satisfied that the pure article, such as I have been able to obtain, will not disappoint you.

491 Eastern Avenue.

IODINE IN VOMITING.

M. Darthier records in *L'Union Medicale* his testimony as to the value of the internal administration of tincture of iodine for the relief of vomiting—a method which has been employed for years both in America and England. He has observed its use in nineteen cases, eleven of which were tuberculous subjects, and has formed the opinion that it is of more value in the vomiting of early phthisis than in the later stages of that disease. He relates instances of advanced cases with obstinate vomiting, where the symptom was largely controlled by the drug. One case was that of a female with bronchial dilatation (subsequently fatal from acute tuberculosis), who for three weeks had regularly vomited after each meal. Following the commencement of the drug she ceased to vomit; and the symptom was completely cured after a week's treatment. The drug also proved useful in cases of alcoholic gastritis, in gastric ulcer, and in the vomiting of pregnancy and of chlorosis. M. Darthier recommends the French tincture of iodine to be administered in ten-drop doses, diluted with two wine-glassfuls of water, to be taken in three portions immediately after meals.—*The Lancet*.

MENTHOL IN THE VOMITING OF PREGNANCY.

Menthol has been recommended (*Répertoire de Pharmacie*, Feb. 10, 1890) in the treatment of obstinate vomiting of pregnancy; one part of menthol should be dissolved in twenty parts of alcohol and thirty parts of simple syrup, a teaspoonful being given each hour. This prescription is claimed to be extremely successful in arresting nausea and vomiting.—*Therap. Gazette*.

Selections.

PYLORECTOMY AND GASTRO-ENTEROSTOMY.

Dr. Anton von Eiselsberg (*Archiv. für Klinische Chirurgie*, bd. 26, hft. 4.) reports on a second series of operations on the stomach, performed by Professor von Billroth and his assistants from March, 1885, to October, 1889. This series of operations is made up of eighteen cases of pylorotomy, with eight recoveries; eleven cases of gastro-enterostomy, with five recoveries; and one case fatal in its results, in which both operations were performed. Reference is made to five other cases, all of cancer of the stomach, in which, after laparotomy had been performed, it was decided not to remove the disease, as in three of these instances the growth had formed extensive adhesions with the liver, pancreas and transverse colon, and in the remaining two, involved a considerable extent of the anterior and posterior walls of the stomach. In all these five cases the patients recovered from the effects of the exploratory operation. Of the eighteen cases of pylorotomy, ten were instances of the usual form of this operation, performed for malignant disease, of which ten cases six were fatal, and in the other eight, the like procedure was carried out for cicatricial stenosis of the pylorus, in four instances with good, and in four with fatal results. The operation of gastro-enterostomy caused death in six of the eleven recorded cases, and in the other five instances led to considerable improvement in the condition of the patients. Nine of these patients suffered from carcinoma of the pylorus, one from cicatricial stenosis, and one from a growth of somewhat obscure nature. Of the eighteen subjects on whom pylorotomy was performed, seventeen were women, and of the eleven subjects of gastro-enterostomy, four were women and seven men. Operative interference for the removal or relief of malignant disease, it is stated was indicated in the presence of symptoms of sclerosis, and in the existence of a distinctly appreci-

able tumor, and also when typical and well-marked symptoms of stenosis were present without any signs of tumor. In cases in which a small tumor can be felt, whilst no symptoms of stenosis are yet complained of, Billroth would recommend exploratory laparotomy with an expectation of complete and radical removal of the disease in an early stage, and before it has had time to affect the lumen of the pylorus. In cases of large tumor, with or without symptoms of stenosis, and in which the patient is in a low state of health, no attempt should be made to excise the growth. Some few changes have been made by Billroth in the details of his operation since the publication of the first series of cases. Much importance is still attached to frequently repeated preliminary washing out of the stomach with warm water. The incision through the abdominal wall is now a longitudinal one, and is usually made in the middle line. On exposure of the seat of the disease, the surgeon should at once make sure of the presence or absence of adhesions of the new growth with the liver and pancreas, and also of swelling of the mesenteric glands. Close and extensive adhesions between the tumor and the pancreas are regarded as constituting a serious condition, as the breaking down of such adhesions is liable to be followed by free, and even fatal hemorrhage. The orifice in the stomach is kept closed during the operation either by an assistant's hand, or by Rydygier's clamp, whilst that on the duodenal side is closely encircled in a loop formed of six or eight strips of iodoform gauze. In order to prevent any discharge of cancerous juice into the peritoneal cavity, the opened lumen on each side of the growth is compressed by hæmostatic forceps. In cases of adhesions between the new growth, and the liver and pancreas, and in which the mesenteric glands have been invaded by disease, the surgeon should perform gastro-enterostomy in preference to the radical operation of resection of the tumor. In his recent cases of this operation, Professor Billroth has adopted the method of Von Hacker, and endeavored to establish the gastro-duodenal fistula be-

hind the transverse colon, an incision having been made through the meso-colon to allow of the stomach and duodenum being brought into contact. The most difficult detail in both operations is joining together, by sections, the thick wall of the stomach with the thin wall of the small intestine. For some hours after each operation nothing is given by the mouth except in cases of extreme thirst, a few small pieces of pure ice. The patient is subsequently nourished by rectal injections of peptonized milk, given every three or four hours for ten days. A little cold milk with cognac is given by the mouth on the day after the operation, and on subsequent days, small and gradually increased quantities of fluid nourishment. In favorable cases, the patient is usually allowed to get up after the end of the third week. Of ten cases of malignant disease in which pylorotomy was performed, in three the growth was medullary carcinoma, in three others scirrhus carcinoma; in two glandular carcinoma, and in two colloid cancer. In seven of the eleven fatal cases of this operation, death was due to perforative peritonitis, in one case to commencing peritonitis in a very enfeebled and anæmic subject, in two to collapse, and in one to secondary hemorrhage. Dr. von Eiselsberg points out that death soon after resection of the pylorus is almost always the result of some fault in the performance of the operation, usually a failure to tie the sutures with sufficient tightness. Much attention should be paid both to the preparation and the fixing of the sutures, as the speedy dissolution or untying of a single stitch might place the life of the patient in great danger. Of the eight successful cases out of nineteen cases of pylorotomy collected in this second series, in four the operation had been performed for malignant disease, and in the other four for cicatricial stenosis. Of the four subjects of malignant disease who recovered from the effects of the operation, one died at the end of twelve months, and another at the end of eighteen months; the third was quite well six months after the operation, and the fourth died from chronic pyæmia five months after re-

moval of the disease. The previously reported and the second series of cases of pylorotomy taken together show twenty-six instances in which the operation was performed for cancer, and eleven in which there was simple cicatricial stenosis. Of the subjects of malignant disease, eleven recovered from the operation, and of those of cicatricial stenosis, five. Of the former, however, all died after varying intervals, four within the first twelve months, one after an interval of two years and a half, and another after an interval of more than five years. Of the five subjects on whom the operation was successfully performed for the relief of cicatricial contraction of the pylorus, one lived for three months and a half, one for five years, and the remaining three were living at the time of the publication of this report. In eight of the nineteen cases of gastro-enterostomy published in this and a previous report, the patients recovered from the operation, and their condition, it is stated, was much improved. Much importance is attached to the results of gastro-enterostomy in these cases. The patients suffering from extreme debility, and affected with cancerous tumors that could not be removed, and thus threatened with speedy and painful death, were considerably relieved for a time, were able to take nourishment, and regained strength and comfort. With regard to resection of the pylorus, Dr. von Eiselsberg, whilst regarding this as one of the most difficult and dangerous operations in surgery, holds, that in favorable and well selected cases it may be fairly accepted as one likely to prove a life-saving procedure, since it has been proved, even in cases of malignant disease, that life may be thus prolonged for a considerable period—in one instance, for five years—during which period the patient may be free from relapse and capable of enjoying a comfortable existence.

—*London Med. Recorder.*

TRANSPLANTATION OF THE THYROID.

That the thyroid body exercises some powerful and essential function

can not be for an instant doubted in view of the apathetic mental state, ending in almost complete imbecility, that follows its removal in man or animals, marked by tremors, convulsions, subnormal temperature, and a general constitutional degeneracy similar to that of myxœdema and cretinism. The idea has suggested itself to certain physiologists that the thyroid when absent in man might appropriately be replaced by thyroids from healthy animals. Attention is called to certain results that have been thus obtained, in a paper by Dr. L. H. Petit, in the *Union médicale* for March 15, 1890. Horsley and Eiselberg have experimented with this zooplasmic grafting, which in Horsley's hands prevented the appearance of myxœdema after thyroidectomy. Following out this hint, Lannelongue came to believe in the feasibility of ingrafting thyroids in cases of congenital absence of the gland, especially when, in consequence of this imperfection, there was arrest of physical or mental development. Symptoms of myxœdema and the condition of cretinism as described by Bourneville were present in a fourteen-year-old girl at the Hôpital Rousseau. Though an operation was decided upon, myxœdematous tumors about the neck interfered with placing the new thyroid in its usual locality. A spot in the thorax, above the right breast, was chosen as an appropriate habitat for the thyroid of a yearling sheep. This was slipped in among the tissues, which, after the first incision, were separated, rather than cut, by means of a blunt spatula, to insure bloodlessness as far as possible. The sheep's thyroid was first slightly denuded, the capsule being snipped off with scissors, and the body plunged quickly into the cavity, to the depth of of three centimetres. Several sutures closed the opening. The operation was aseptic but not antiseptic. There was no rise of temperature. The dressings were changed in a week, and the stitches taken out. Union was perfect, without any sign of suppuration.

The questions arise as to whether the transplanted body remains a veritable thyroid, carrying on its normal function; and, if it does, as to whether

it can grow or eventually becomes absorbed. Time alone can settle these questions. The gland's superficial situation allows of careful observation of all possible changes. Chauveau thinks the grafted thyroid can scarcely hold its own, and cites as a proof of his idea the ultimate absorption of the transplanted testicles of sheep, no matter how deeply imbedded in connective tissue, the vascular communication between these bodies and the surrounding parts being too slight to maintain independent life. And, aside from this, it is the tendency always of transplanted tissue to become absorbed. However, it is impossible to predict what may happen to a thyroid, which differs greatly from a testicle or a spleen. In Eiselberg's case the transplanted thyroid, when anatomically examined ultimately, was found to have performed its function. Should this method of supplying mental and physical deficiencies due to absent thyroids eventually prevail, it will be, says Chauveau, due entirely to the surgical skill that Lannelongue joins to logical judgment. —*N. Y. Med. Journal.*

VIRCHOW ON ENTEROPTOSIS AND FLOATING KIDNEY.

In the discussion that took place on Ewald's address on the above subject, Prof. Virchow remarked that he had long taken a deep interest in it, and had investigated the anatomical conditions on the one hand in connection with partial chronic peritonitis, and on the other in connection with disease of the mucous membranes. As regarded frequency of the affection, at the commencement of every semestre he was in the habit of showing to students that in the majority of individuals, instead of a normal position being occupied, certain displacements of intestines and viscera were present. Glénard was therefore justified in assuming the great frequency of displacements of the intestines. Whilst, however, it was indubitable that the majority of these dislocations was downwards, in many cases the reverse was the case; there were cases where the intestines were pressed up-

wards, whereby the flexura lienalis lay upon the diaphragm. All flexions must of necessity exert some influence on the passage of intestinal contents, therefore accumulations of fecal masses were frequently met with in these points of flexion in the cadaver. The large intestine was the proper sedes materiæ; descent of the transverse colon took place, which not unfrequently sank to below the navel into the pelvis, and formed a V-shaped loop. All the flexures under such circumstances showed great changes. The cæcum could also be implicated. He had frequently been able to show how frequently with these conditions anomalous adhesions of intestines to each other, that must necessarily cause draggings of one by another, had taken place. It was much more difficult to determine the relation of this partial peritonitis to the displacement. In regard to this two conditions were to be distinguished, a primary where the peritonitis was already present and the displacement followed as a consequence, and a second where this order was reversed. In the first one could be easily satisfied that peritonitis, originating in the gall-bladder for instance, might cause a later forcing of the parts amongst one another. Secondary peritonitis was much more difficult to demonstrate in cases where old disease had formerly been in existence. The recent affection was only met with in cases where, in consequence of serious disease, inflammation had originated that had worked through to the peritoneum. He first noticed in cases of dysentery that this took place in a very variable manner, the inflamed tracts being separated from each other by reaches of normal mucous membrane, so that a kind of interrupted localization could be distinguished. The cause of this was the anomalous flexures. The multiplicity of the symptoms would be great, according to the phenomena developing in the individual case, and these would locate the disease in one or another category.

—*Med. Press and Circular.*

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THE SURGICAL TREATMENT OF HEPATIC ABSCESS.

Mr. Rickman J. Godlee summarizes as follows the essential part of his views on the treatment of hepatic abscess, recently published in some extremely valuable lectures which embrace the whole subject, and embody the latest and most authoritative opinions as to its surgical aspect:

1. Pyæmic abscesses do not call for surgical interference, or, if in rare cases one should point, it is only opened to relieve symptoms, but without hope of doing permanent good.

2. The same observations apply to abscesses resulting from suppurative phlebitis of the portal vein.

3. Multiple abscesses associated with dysentery or ulceration of the bowels are very favorable for surgical treatment. They must, however, be opened and treated on the same lines as the single or tropical abscesses, because they cannot be certainly diagnosed.

4. Single abscess of the liver, whether tropical or not, must, if it approach the surface, be opened, the following precautions being adopted:

(a) If it present at the epigastrium, the presence of adhesions must be ascertained before incising the liver.

(b) If through the chest-wall, a spot must be chosen below the normal limit of the pleura; but if by chance either pleura or peritoneum be opened, the opening must be closed with a double row of stitches before incising the liver.

(c) Strict antiseptic precautions must be throughout adopted, either carbolic acid or some slightly soluble salt of mercury being employed for the dressing.

(d) The tube must be of large size at first, and a tube of some sort must be kept in until the discharge is reduced to a very minute quantity.

If the abscess have burst into the lung, pleura, pericardium, peritoneum, or kidney, and the position of the abscess can be clearly determined, it must be opened without delay. If the position of an abscess be only suspected and the patient be losing ground, it is right to puncture the liver in the most likely

situation, bearing in mind that, although usually quite harmless, a slight amount of risk accompanies this very trivial operation.

This rule applies to cases in which the abscess has ruptured into any of the cavities enumerated above. If, on the other hand, whether the abscess has ruptured or not, there are no means of diagnosing the whereabouts of the matter, and the patient is not losing or is even gaining ground, the surgeon should hold his hand for a time.

5. Hydatids of the upper and back part of the liver are to be treated upon the same lines; but in cases of this sort, and in those of subdiaphragmatic abscess, it must be remembered that the diaphragm may be pushed up to a very great height, thus closely simulating intrapleural suppuration.

6. Empyema, pericarditis, and peritonitis caused by rupture of an hepatic abscess or hydatid must be promptly dealt with on general principles.

—*Canada Lancet.*

PECULIAR PARASITIC ORGANISM IN THE EPITHELIAL CELLS OF CARCINOMA.

Thoma (*Fortschritt der Medicin*, *bd. 7*, No. 11) has found in the nuclei of carcinomatous epithelial cells very numerous cell-like structures, which he looks upon as cell parasites. They are formed from protoplasms and nucleus, which nucleoli are stainable with the usual stains. Sometimes they appear in greater numbers within the nuclei, which thereby are puffed up and lose their stainability, at other times near the nuclei, in a hole in the protoplasm. Now and then they are found in the nuclei as fine granular or homogeneous, strongly refractive balls, which do not stain, and often, nuclei-like, bodies collected into masses. With respect to this, epithelial proliferation has been before described by means of similar structures.

The author suggests the possibility that the forms described by him stand in some causal relation to carcinomatous formation.—*Lond. Med. Recorder.*

FOOD TREATMENT FOR INSOMNIA.

Dr. Eggleston, in an article in the *Journal of the Am. Med. Association*, says that most students and women who are troubled with insomnia are dyspeptic, and he has found it easy to successfully treat such cases without medicine. They are instructed to eat before going to bed, having put aside work entirely at least an hour before. If they are not hungry, says the author, they should eat whatever they want. A glass of milk and a biscuit is sometimes all that can be taken at first, or a mashed potato buttered. In a short time the night appetite will grow, and the appetite will need no particular directions. If possible the night meal should be taken in another room than the sleeping apartment, and for men in the city it will be found advantageous to go out to a restaurant. The idea of going out for something to eat and having to wait a short time for it will excite the appetite. Before eating, however, a bath should be taken; I prefer cold or cool baths, which should be given with a sponge or stiff brush, and the body should be rubbed off with a coarse towel afterward. The bath need not be more than five minutes in duration. . . . After the bathing and rubbing, or after eating, a moderate amount of exercise should be taken. For this a few minutes with Indian clubs or dumbbells is sufficient. Further than this, the patient should go to bed at the same hour every night and arise at the same hour every morning. . . . Since the age of eighteen I have been troubled more or less by insomnia, and nothing has ever given such relief as a course of hearty meals just before going to bed. When the temporary insomnia has been relieved by this, I continue the sponge baths and exercise before going to bed; but sleeplessness often returns after a sustained degree of mental labor and excitement, and is almost immediately relieved by a general hearty meal before going to bed. . . . I now make it a rule never to get hungry, and always to eat at night when I am in the midst of an unusual amount of work, or engaged

in work of an unusually exciting character. . . . There is a popular superstition that grown people should not eat immediately before going to sleep; that it will give them indigestion or nightmare, or both. I cannot see why adults should be so very different in this respect from babies. We know that young children awake at night and must have something to eat before they will sleep quietly; and some children actually fall asleep with a nursing-bottle leaking into the mouth. It may be true that digestion is carried on slowly during sleep, and that the digestive function is less active, but here one need not be in a hurry for the completion of the operation. The average person should be in bed seven or eight hours, which is time enough for the digestion of almost anything edible. In our American life I think digestion carried on through sleep has the better chance for thoroughness.

—*Clinical Record.*

CHEYNE-STOKES BREATHING.

The remarkable respiratory phenomenon, for the recognition and description of which medical science is indebted to the two great Dublin physicians, Dr. Cheyne and Dr. Stokes, has always excited much interest and no little speculation. It may be remembered that Stokes ascribed it to fatty degeneration of the heart, considered it of fatal prognostic significance, and pointed out that although Dr. Cheyne's patient died of apoplexy, yet he had also the above cardiac condition. Traube did much to dispel the idea of its entire dependence on cardiac changes, showing clearly, as has frequently been shown since, that it was quite as much a symptom of cerebral disease alone. Of all the theories as to its mechanism the most rational appears to be that of Filehne, who advanced the question a stage beyond where Traube had left it. For the last-named distinguished authority was content to refer it to variations in the arterial blood-supply of the medulla, whilst Filehne contended that the phenomenon could be best explained by assuming a

difference in the relative excitability of the vaso-motor centre on the one hand, and the respiratory centre on the other. If from any cause a condition of arterial spasm were induced by asphyxia, so as to produce anæmia of the medulla, this anæmia, and not the primary asphyxia, would succeed in exciting the dormant respiratory centre to violent and excessive action. The respirations thus initiated would proceed with increasing depth and frequency, until the blood surcharged with oxygen would temporarily relieve the vascular spasm, and, at the same time, annul the excitability centre, so that a period of apnoea would result, lasting until the asphyxial state once more excited its action on the centres concerned. If this doctrine be accepted, it will serve to harmonize the many conditions—circulatory, nervous, and toxic—under which Cheyne-Stokes breathing is known to occur. Of equal interest is the practical importance of the phenomenon—viz., its prognostic significance—which Dr. Stokes thought so serious. The question was raised by Dr. Stephen Mackenzie at a recent meeting of the Clinical Society, and has elicited some interesting experiences contributed to our columns, from which it would appear that cases have been known to recover, although they must form but a small minority. It should also be borne in mind that in meningitis and other cerebral affections the breathing may be irregular, even with apnoeal periods; but, as Biot showed, such do not conform to the classical type of Cheyne-Stokes breathing, of which the regular rhythm is so marked a feature.—*Lancet.*

CHRONIC NERVOUS DYSPHONIA.

Brissaud (*Arch. de Laryngologie, etc.*, February, 1890) has observed, among a number of persons affected with various forms of nervous maladies, a certain kind of phonatory trouble, which, it appears to him, should be classed among the neuroses of the larynx. It is hardly a disease in itself, but it is closely allied to neurotic conditions, and, in the absence of other nervous symptoms, may be traced to a

hereditary nervous predisposition. The persons thus affected have a hoarse, muffled voice, which is not dependent on any temporary laryngeal affection, but is their natural voice. It originates in a sort of innate constitutional weakness of the arytenoid and thyro-arytenoid muscle. The character of voice is not identical in all cases. In one case hoarseness is the chief feature, in another the muffled quality; in another, again, one remarks a eunuchoid quality about the voice; and, lastly, another may have a kind of hoarse falsetto voice. Hitherto hysteria is almost the only neurosis in which phonatory troubles have been described. In hysteria the trouble especially observed is *aphonia*. There is a great difference between hysterical aphonia and the trouble here considered. The former is more or less transitory, the latter is permanent. In the hysterical affection the mechanism of the voice is profoundly affected; here, on the contrary, there is not aphonia, but *dysphonia*. There is a hoarseness, a want of clearness in the voice; there is often a heightening of the pitch of the voice, and a eunuchoid character, and this character of voice makes its appearance, about the period at which the voice breaks, after it has been of lower pitch in childhood. This nervous dysphonia, though constant so far as the spoken voice is concerned, disappears, or is much less marked, in singing. This return to the natural quality of the voice in the act of singing is to be explained, Dr. Brissaud thinks, by the fact that singing is not an automatic act, like speaking, but is rather an act controlled by reason and training. There is some analogy here to stammering. Stammering is observed among persons of neurotic stock. Most stammerers can sing without exhibiting signs of their infirmity. The affection of the voice in nervous dysphonia improves also in public recitation, as in preaching a sermon. Dr. Brissaud is disposed to think that the trouble depends not on spasm, but on functional insufficiency of the adductor muscles. In some of the cases a laryngoscopic examination established incomplete closure of the glottic orifice in phona-

tion. Dr. Brissaud gives details of twelve cases of chronic nervous dysphonia, six being in males and six in females.—*London Med. Recorder*.

LARGE DOSES OF IODIDE OF POTASSIUM.

As an item of maximum therapeutics and individual tolerance, it may be of interest to report the case of a patient in Dr. Dercum's wards in the Philadelphia Hospital. The man presents a group of symptoms which might be vaguely designated as those of spinal and bulbar involvement in some degenerative process—vascular, neuroglial or columnar—conforming to no type of systemic disease of the cord. He has ataxia; his knee-jerk is preserved, though deficient; he has an awkward, impeded speech; his pupils are equal, regular, and respond to light, while the accommodation is unimpaired. His sensation is normal, and he has no derangement of the sphincters, and no discoverable loss of muscular power.

Beginning with ten grains of iodide of potassium, the dose was gradually increased until the patient took one hundred and seventy grains three times daily. By an inadvertence he was once given four hundred and forty grains at a dose, which he failed to retain, vomiting at once and complaining of a dull heavy pain in the epigastrium, which persisted in some degree for two days. The patient now takes one hundred and seventy grains of the iodide three times a day. There have never been present more than the mildest manifestations of iodism, a few acne papules, slight rhinitis, laryngitis, and bronchitis. The patient expressed himself as being subjectively better, but there is no decided improvement in the symptoms.

Examining the urine, to determine whether the iodide was perhaps causing renal irritation, it was observed that, in overlaying concentrated nitric acid with the urine, a rusty brown zone resulted at the line of contact gradually diffusing itself upward through the urine and after which fine particles dropped to the bottom of the tube. Now, again

overlaying the urine with solution of starch the characteristic purple reaction of the so-called iodide of starch at once appeared. Other tests for iodide were applied: acetate of lead, bichloride of mercury, and nitrate of silver, to all of which ready responses were obtained.

There are, in the wards, other patients taking large doses of iodide of potassium: one, a hundred and thirty grains; one, a hundred and twenty; two, a hundred and ten; one, a hundred; one, ninety; one, fifty; and one, forty—all three times a day, and for periods of varying duration. In all of these cases the urine was examined and responded to the tests already mentioned. The specific gravity varied between 1.017 and 1.025, the higher number preponderating. All the specimens were of acid reaction. Two contained albumen in small quantities, but these contained pus corpuscles but no tube casts. None contained sugar.

In testing for albumen, the method by heat and acidulation was used, and the result was confirmed by the contact method with picric acid. The rusty brown zone from contact of the urine and acid necessarily obscured the presence of small quantities of albumen; and large quantities as well would escape detection if the iodides were present in large amounts and the brown zone of contact dense. It is highly probable this latter is due to the iodine set free by the action of the nitric acid on the iodide and the combination of the iodine with water to form hydriodic acid.

—ESPNER, *Med. and Surg. Reporter*.

THE FIRST THERAPEUTIC MEASURE IN APOPLEXY.

The following is an extract from a clinical lecture delivered by Dr. Heidenhain (*Berlin Clin. Wochenschr.* No. 6, 1890). The treatment of apoplexy is apparently so self-evident, and has for decades remained unchanged, that at first it seems preposterous to make any changes or alterations whatever.

Doubtless the experience of H. has often occurred to many physicians in their regular practice. The doctor is called to see a case of extensive apo-

plexy, and elicits this history. The patient has suffered a slight attack of paralysis; he complains of vertigo and a sensation of weight and immobility in both the upper and lower extremities; there is distortion of the facial muscles, and speech is impaired. The patient has been undressed and placed upon a bed; scarcely has this been done, when a second, more profound attack occurs.

This and similar scenes constantly recur in practice; invariably the profound attack occurs shortly after the patient has been placed upon the bed in the horizontal position. This is done again and again, despite the fact that this position conduces to the cerebral hemorrhage, and defeats the very object which it is desired to accomplish, *i. e.*, prevention of recurrent profuse hemorrhage.

After these experiences, it is absolutely necessary that after the first, the mild attack of cerebral hemorrhage, the patient shall be maintained in the sitting-erect position for a long time; so long, in fact, as the patient's condition will permit. Meanwhile, ice to the head, hot mustard foot-baths, rapidly-acting hydragogue cathartics, and in selected cases leeches, will be the prophylactic measures which in conjunction with position as above described will often prevent a second attack.

Just as such grave error is often committed in the treatment of apoplexy, so are errors of equal seriousness committed, even by physicians, in the treatment of syncope due to cerebral anæmia, the reverse condition of the foregoing.

A short time ago H. was called to see a woman who, in consequence of great loss of blood, was in the state of profound syncope. Two doctors were endeavoring to restore her to consciousness, but their efforts were unavailing; and why? The woman lay, or more correctly stating, sat in a semi-recumbent position on a sofa, the head supported on a mass of pillows. H. having ascertained the nature of the trouble, at once removed the pillows, placed the woman's head on the seat of the sofa with her feet elevated on some pillows, when in a few seconds she recovered

consciousness. Just as important as it is for the syncope to lie with the head lower than the feet, so important is it for the apoplectic to occupy the sitting position.

In conclusion, H. suggests that as the application of Esmarch's elastic bandage is so effective in the treatment of profound syncope, so the ligation of the extremities might be successful in the treatment of cerebral hemorrhage, the reverse condition.

—*Pittsb. Med. Review.*

A REMEDY FOR PALPITATION.

Dr. Gingeot (*Revue générale de clinique et de thérapeutique*, for March 19) suggests as a valuable remedy for palpitation—one that has proved serviceable to him—the application of cold to the precordial region. Attention must be paid to the method of applying cold. The simplest plan of all is to apply a wet sponge over the region of the heart in the morning before dressing. At night, when in bed, the patient or an assistant may put a cold compress over the heart, well covered with dry bandages, to retain moisture and prevent any wetting of the clothing. When this compress is warm, the patient may remove it, and will probably fall asleep. There are objections to the ice-bag, one being the condensation of insensible perspiration upon the surface of the skin. The ether-spray is a simple and convenient method of refrigeration. With proper instruction as to necessary precautions in the use of ether, the patient can apply cold in this way at any hour of the day or night. Palpitation of purely nervous origin seldom fails to be greatly benefited by the application of cold; and a certain success often follows its use in cases of palpitation due to organic disease. Equalizing the heart's action will often prevent an increase in its size. It is also useful in aneurism and passive dilatation.

—*N. Y. Med. Journal.*

TRANSMISSIBILITY OF SYPHILIS.

As published in his magnificent *Atlas of Venereal and Skin Diseases*,

Prof. Morrow's conclusions in reference to the hereditary transmissions of syphilis are :

1. A syphilitic man may beget a syphilitic child, the mother remaining exempt from all visible signs of the disease; the transmissive power of the father is, however, comparatively restricted.

2. A syphilitic woman may bring forth a syphilitic child, the father being perfectly healthy; the transmissive power of the mother is much more potent and pronounced, and of longer duration, than that of the father. When both parents are syphilitic, or the mother alone, and the disease recently acquired, the infection of the fetus is almost inevitable; the more recent the syphilis, the greater the probability of infection, and the graver the manifestation in the offspring.

4. While hereditary transmission is more certain when the parental syphilis is in full activity of manifestation, it may also be effected during a period of latency when no active symptoms are present.

5. Both parents may be healthy at the time of procreation, and the mother may contract syphilis during her pregnancy, and infect her child in utero. Contamination of the fetus during pregnancy is not probable if the maternal infection takes place after the seventh month of pregnancy.

SALICYLIC AND LACTIC ACIDS AS REMEDIES FOR CORNS.

In the St. Petersburg weekly *Russkaia Meditzina*, No. 1, 1890, p. 6, Dr. Ivan S. Kolbasenko, of Pishpek, writes that he most successfully treats corns by painting them with the following mixture:

R Acidi salicylici, } aa . 5.0 (3jss).
 Acidi lactic, }
 Collodii, 40.0 (3jss).
 M. To apply by means of a brush.

The foot should be kept for a few minutes in very hot water before each application (in order to soften the corn and to make it thus more penetrable for the acids). The adjacent healthy skin should be protected from any irritating

action of the acids by powdering with iodoform. Even very large and thick horny deposits on the sole are said to fall off *in toto* after six or seven applications.—*St. Louis Med. and Surg. Jour.*

THE EFFRONTERY OF PROPRIETARY MEDICINE ADVERTISERS.

A REPLY.

NEW YORK, May 13, 1890.

J. C. CULBERTSON, MD., *Editor Cincinnati Lancet-Clinic.*

DEAR DOCTOR:—The May 10th issue of your Journal is to hand. We appreciate and thank you for the just manner in which you treat Dr. Austin Flint's would be venomous attack on "Vin Mariani" and the method in which it is introduced. We beg to avail ourselves of your kind offer to reply to same.

It will no doubt be gratifying for you to learn that it has ever been our strict rule to publish the name of physicians recommending "Vin Mariani" only when fully authorized to do so. The original communications bearing signature of upwards of seven thousand physicians, to whom we have the honor to refer, can at any time be seen at our office. We have in our possession many letters and orders for "Vin Mariani" from the most eminent physicians throughout the world. The writer of the attack in question, has also repeatedly sent to us for "Vin Mariani" for his patients and for use in his own family, his letters and prescriptions to that effect, we are ready to show. Such communications we regard as confidential, and therefore in the case of Dr. Austin Flint, we did not publish his name with the list of members of the Alumni of the Bellevue Hospital College, who had kindly sanctioned the use of their names in our endeavors to further introduce "Vin Mariani" to the Medical Profession. Had we added Dr. Flint's name it is probable he would have abided by commending instead of censuring our methods.

That which may be considered effrontery, is that Dr. Austin Flint should have the audacity to infer that any reputable physicians could be induced from a personal motive to abstain from prescribing a preparation, which practical testing for years has proved to be a valuable therapeutic agent. The medical profession cannot be maligned to such an extent.

It is worthy of mention that on the same date as the *Medical News* published Dr. Austin Flint's letter (which by the way had been hawked around and refused by a number of medical journals in New York and other cities), there appeared in "*The Journal of the American Medical Association*", May 3, 1890, an original article, by the eminent laryngologist, Dr. Charles E. Sajous, in which "Vin Mariani" received the highest commendation. (see page 645).

Yours, very truly,

MARIANI & Co.

THE CINCINNATI LANCET-CLINIC:

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EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, May 17, 1890.

The Week.

MARITAL SELECTION.

"The Japanese seem to use their reasoning powers in the selection of a partner in a way that we outer barbarians might envy. The physical antecedents of a girl are thoroughly scrutinized, and candidates with any diathetic or hereditary taint are infallibly black-balled. Would that a little of this caution could be introduced into our own "courting" customs instead of leaving this important matter to be decided by passion, proverbially blind, or interest, not less proverbially indiscriminating, from a health point of view. The physiologist, who discourses so eloquently on the inexorable laws of heredity, is often no better advised in his choice than the burly costermonger who, at an early period of his career, takes the first opportunity of gratifying his sexual appetite without let or hindrance. Protests on such a matter may, however, be likened to a voice howling in the wilderness—of unphysiological sentiment."—*Hospital Gazette.*

Lack of the most ordinary reasoning intelligence in the matter of marital selection has more than aught else to do with filling court dockets with divorce suits, and where there is an

apparent congeniality of disposition there is only too often a false or misguided sentiment allowed to become the governing factor in the case.

Ordinarily the boy or girl of the period, having arrived at the marriageable age, is very apt to form a correct conception of the physical, mental and moral attributes of the one they ideally select as a helpmate for life. The maiden thinks of a manly man, strong in mind, ordinarily moral, and of stout and robust physique. Her ideal is of one her superior in stature and intellect, in order that she may look to him as a protector and provider for their home. She has no notion of, and little use for, an effeminate or womanly man. She has no respect for such a being, and tolerates with a turned-up nose the dudish creature that is attached to a blackthorn cane and never gets above or beyond very small talk in conversation. She admires a rugged form in preference to the dainty, diletante imitation. The young man of the times thinks of his best girl as a buxom lass, full of vivacity and sentiment, whose every-day life is a physiological and not a pathological state of existence. He may be fond of music and poetry, but if his ideal is up in her practical knowledge of the management of a home it is of vastly more importance, and he knows it. He is anxious that she shall have a good degree of taste in dress; never loud, but modest in mien. Whatever religious views he may have or lack, he wants the girl that is to be his wife and the mother of his children to have known and pronounced religious convictions. He has never a thought of frequent doctors' visits and bills, or of a trained nurse as a family appendage, believing that happiness and health are normal conditions and inseparable. To have a home of his own,

and not a boarding-house room and table, is his laudable ambition, the mistress of which must be a womanly woman, who will always have for him an affectionate welcome.

An inferential comparison of the average society young man, who parts his hair and name in the middle, glibly talks twaddle and apparently finds fault with himself because he is a he and not a she, with the robust butler or coachman whose ruddy cheeks glow with a hue that indicates an exuberance of health, while his shape is so Apollonian as to make many a maiden forget that behind and within this perfect animal there may be a brutish disposition instead of a cultured, refined gentleman.

A disordered and misdirected imagination has too often lured and blinded the judgment of a fair maid that has been reared as a hot-house plant, whose sexual life has been seasoned with luxurious living until there is created a craving of passion that will not down; stolen interviews culminate in an unfortunate union that every time brings woe and trouble in its train.

Public sentiment should demand the giving of greater attention to physical culture in our common schools. A few of the small number of girls and boys that go to colleges and institutions of higher learning find their way to the gymnasium, row-boat and ball-field. These are all good, but entirely too few enjoy the benefits to be derived from their use. Physical training should be under the discipline and direction of competent teachers. Its importance cannot be overrated.

We are loth to say that there is not a public common school in this city that is anything like amply provided with gymnastic appliances and sufficient play-ground, nor is there to be found in

one of them a teacher or director of the physical exercises of the children. For we must never lose sight of the fact that these same children are the men and women of the next decade, with or without homes of their own, and nearly all either well or badly mated.

A very large ratio—certainly nine out of ten—of the boys are destined to earn the support of their homes by physical labor, and the physical demands to be made on the women will be many fold greater than on their mental faculties. Therefore, the great value to them—a value that is inestimable—of a good physical manhood and womanhood.

Let it be told over and over again that it was only possible to have Spartan sons where there were Spartan mothers.

THE CINCINNATI WATER-SUPPLY.

The files of this journal bear witness to our direction of the attention of our municipal authorities to the necessity of a better and more adequate supply of water for our present and immediate future needs. For nearly three months the city has been placed upon a short supply and at times disagreeably menaced with a famine, and even at this writing the situation is absolutely deplorable. The cause of this vexatious trouble is easy of solution, and directly traceable to a policy of placing ignorant men in charge of the water-works, including the pumping machinery. It is beyond our recollection when there was a man placed in the position of superintendent and hydraulic engineer who had a preliminary education that would fit him to wisely administer so great a trust.

Self-educated men taken from foundries and machine-shops in these days

cannot cope with the man who from his childhood to mature years has been under the training and pupilage of masters in the science and art of engineering. There is even a greater step between the most skilful machinist and the educated master of engineering than between the commonest laborer that carries pig-iron and the skilled foreman of the shops. The one has the physical training in the working art, the other the mental discipline and drill that enables him to conceive and draft working plans and formulæ for the other to carry out.

Strange to say and as it may appear to the reasoning mind, the great metropolis of the Ohio Valley has not placed its great water-works system in the hands and care of an educated engineer. The different men in charge have been men of intelligence, but only educated in the shop. More is demanded, and the man for the place should not be at the nod and beck of our political organizations. Too great interests are at stake. These interests may be fitly compared to the aorta in man, which, if cut or in any manner is ruptured, the life quickly oozes out. Cut or rupture our water-supply, and very soon the penalty will be paid in death and disaster.

For years and years our city has had at the head of its engineering department men whose professional education was obtained in the shop, on the streets and in the sewers. They have done as well, perhaps, as could be reasonably expected, but the time has come when men with greater attainments must be placed in that responsible position.

The city has for ever so many years paid for and only had a part of the services of a physician as its Health Officer, a man in whose hands are largely held the health and consequent prosperity of

the entire people. This is an exceedingly penny-wise policy, and is only worthy of a village or city of less than fifty thousand people. Cincinnati should command for such service the most skilful sanitarian that could be obtained, and this kind of service cannot be had for two or three thousand dollars a year. Such men can do very much better in private practice. The office demands the entire time of the man who administers it, and his education and professional fitness for the place, and the great importance of the office, requires that it be placed in the same rank with that of the City Engineer, the Hydraulic Engineer, and the City Solicitor. For these places poor talent and ability is dear and extravagant, while superior qualifications are in the line of economy.

Our national government should be drawn upon for our engineers. Provision could easily be made for the detail of officers for such service in any of our large cities, the municipalities where their services are given to pay for their labor. This would afford an outlet for professional attainments and ambition in the corps of engineers in the army and navy. Fortunately, these men have little knowledge of what we regard as practical politics, and they are all the better fitted for these places because of their ignorance in this line.

Let our municipal authorities turn their attention in this channel, and see if out of this suggestion may not be evolved a solution of the unsatisfactory condition of the great departments of our city government, and be the means of placing them on a plane where confidence will be restored and the respect of everyone commanded.

REDUCED rates are *only* for those who pay *in advance*.

OUR MILK.

Next in importance to a sufficient supply of pure water for a municipality is the milk that goes upon every table and is the chief source of nourishment for infants, children and many invalids.

For time out of mind Cincinnati has been greatly cursed with a stock of dairies that have had a place and habitation within the city precincts, where the cows are almost wholly fed on distillery slops and starch grains. As if this were not bad enough, the poor unfortunate animals are month after month confined within the stables, and often standing in their own filth; while, to make the condition as bad as possible, the frame sides of the sheds are in the Fall as hermetically sealed as possible with the dung of the cattle. The milk from such places is sent forth over the city to supply a crying want in wagons painted and labelled "Green Township Dairy," "Orange Grove Dairy," and other devices to lull to sleep any suspicion as to the immediate location of the cows that furnished the milk that filled the cans carried in these falsely painted vehicles.

Our Health Officer has exhibited a commendable degree of energy and activity in his attempts to close up and out these hot-beds of disease, and compel their owners to seek other and greener pastures.

We are glad to be able to note that the Academy of Medicine, at its last meeting, adopted commendatory resolutions endorsing his good work. It is to be hoped that, with the cordial endorsement of the medical profession, the doctor will not allow his energies to lag, but keep up the good work until there is not a dairy that is not located on its own farm, where the cows are turned out for air, water and pasture

three hundred and sixty-five days every year.

There are other equally important duties that demand the ever-watchful attention of the Health Officer. This official's position is not a sinecure, but a place that demands his entire time and attention. Unfortunately, this has not heretofore been given, nor could it be expected with the half-salary attachment of the office. It is to be hoped the Board of Public Improvements and City Council will be aroused to the demands of the work to be done by the Health Officer and his assistants, and make the proper provision for his salary, and at the same time require him to engage in no other employment.

AN EVOLUTION.

It is less than a decade since Lister first promulgated the uses of antiseptics in the treatment of all open wounds. To accomplish this it seemed to him necessary to use what appears to us now as a wonderful lot of paraphernalia. The room occupied by the patient was to be rendered antiseptic by the use of disinfectant sprays and washes. Under these conditions a success followed that was not regarded as possible under the old *regimé*.

Inquiring minds were set in motion, comparative investigations were made, and very soon it was courageously asserted that Listerism had in it only the embodiment of the Gospel of Cleanliness. The cumbrous paraphernalia was legated to a side closet, and in its stead simple nail-brushes, soap and water, with dilute solutions of the bichloride of mercury, as a wash for both the patient, the operator and his assistants. These useful adjuvants proved sufficient for all occasions.

This was the marking of a new era

in medicine. It came without the blare of trumpets or the sound of drums, but so soft and gentle in its appearing as to produce only a little rustling among the few who had their lamps trimmed, burning and held ready for the coming of a new dispensation. While so noiseless in its modesty, it was as the bursting forth from dense darkness into bright sunlight. Capital operations are now performed and the wounds heal by first intention. Every one of the visceral cavities are opened with impunity. Surgical shock and fever are no longer factors for consideration; they are remembered as of the past darkness. Rarely are there developed from the gravest operations a drop of pus or an elevation of a single degree of temperature. Pus-pockets and cavities are freely opened and drained, wherever they may be found, whether in the liver, lungs or kidneys; even the large joints are fearlessly opened. Septicæmia sometimes does take place, but not from the surgeon's wound. The cruel spasmodic cough that is produced by the formation of vomica in cases of phthisis is relieved by the use of an aspirator, or a trocar and drainage-tube, an opportunity being afforded to frequently wash out the suppurating surface of the lung and to foster the healing process. Even the ever-dreaded, horrible, malignant carcinoma and sarcoma, that like deadly serpents seize upon their victims with venomous fangs and tentacles, that always so surely carried with them destruction of tissue, intolerable pain and inevitable death, are often made to loosen their hold and give a respite to life through the use of an antiseptic knife in an antiseptic hand.

Antiseptics are not only one of the cardinal triumphs of medicine and surgery as applied directly to the healing of wounds and the relief of the sick, but

this gospel of cleanliness should be made to apply to the condition of city and village streets, lanes and alleys, sewers, ditches and drains, dairies and stables, cattle cars and boats, as well as to Pullman coaches and floating palaces. Nor should this gospel of cleanliness stop at this point, but extend to shops, factories and stores, yards, stables and barns, the kitchens, closets and dining-rooms, attics and cellars, chambers and sleeping-rooms of all the people.

Antisepsis—cleanliness—means life and a capacity for the enjoyment of its pleasures.

Sepsis—dirt—means disease in multitudinous forms, degradation, discontent and death.

The earth that is now with verdure clad, clothed with a living green; responds to the gospel of cleanliness; thorough drainage, clean fields, fences and ditches, antagonize miasm, malaria, milk-sickness and all producers of noxious odors; while the season's vegetables and fruits raised in a clean soil are wholesome, and never produce zymotic diseases.

Pure, clean water, and milk drawn from healthy cows, pastured in clean fields never breed typhoid fever and summer complaint.

We are thus enabled to reason out an argument for the faith that is in us, that we think cannot be controverted: that nearly all diseases and much of adversity are directly traceable to sepsis—dirt; while antisepsis—cleanliness—means gladness and joy, health of body, contentment of mind and worldly prosperity.

In no other way can the people be so directly and greatly benefited, as by the adoption of efficient sanitary regulations. In cities, water-tight pavements and sewers are a necessity before there can be clean streets; while an abundant

supply of pure water is just as essential for the enjoyment of health as pure air.

THE AMERICAN MEDICAL ASSOCIATION.

The American Medical Association will convene in annual session next week in Nashville.

From intimations gathered from a recent editorial in the Association journal, we obtain an impression that an attempt will be made to take action looking towards a revision of the present working scheme of that organization, so as to enable any State, county or other society to become actual branches of the present body. The plan is a good one, and if successfully carried out will add very greatly to the strength and influence of this great representative organization. Every physician that is now or may become a member of a local society that is in affiliation with the American Medical Association will, by such action as that suggested, become in fact also a *bona fide* member of this great society, and have a right as an individual member to all the privileges and benefits that now only go to the limited number of delegates that attend the annual meetings.

By all means the change should be made. It ought to have been done when the Association started its journal. On the principle that it is never too late to do good, such action should commend itself at once to the meeting in Nashville next week. This would go a long way towards effecting a practical unification of our profession, by bringing every reputable practitioner into close allegiance as an honor-bright member of the Association, and his individuality given a place on its roll and in its ranks.

The delegate system was all well enough and just the thing thirty or

forty years ago, but evolutions in travel and in a multitude of other directions have taken place, and we are obliged to recognize them, and also that the man or organization that does not keep up with this nineteenth century procession is getting left.

To have a profound respect for the lines laid down and the work performed by the fathers is a most commendable sentiment, but if we just keep our intellectual eyes fixed on them and their doings we are advancing backwards, for nothing stands still.

As suggested, let a committee be appointed to revise the working plan of the Association, and wherever it can be improved report their conclusions, that action may be taken to consummate its purpose at the earliest date possible.

THE RIOT ACT

Was very forcibly read by the editor of the *British Medical Journal*, in the issue of May 3, to Lord Wolseley, Commander-in-Chief of the English army, for his attempt to degrade and lower the standing of the medical staff of the army. In a similar manner the editor of the *Maryland Medical Journal*, in the last issue of that publication, utters a criticism of the Governor of that State for his refusal to sign the medical act that had been passed by the Legislature. The effect of such assertions of the inalienable rights and claims of the medical profession for just recognition on the part of government authorities must and will, in the very nature of things, have a salutary effect.

TO INCREASE POPULATION.—A bill has been introduced into the French Senate to tax all bachelors. Perhaps the same remedy will be advocated here, as a recent census of the population of Fifth avenue, New York, showed about half a child to a family.

OHIO STATE MEDICAL SOCIETY.

The forty-fifth annual meeting will be held at Columbus, O., June 4, 5 and 6, 1890.

OFFICERS :

President—J. McCurdy, Youngstown.

Vice-Presidents—W. J. Conklin, Dayton; A. W. Ridenour, Massillon; C. W. Tangeman, Cincinnati; J. E. Woodbridge, Youngstown.

Secretary—G. A. Collamore, Toledo.

Assistant Secretary, E. C. Brush, Zanesville.

Treasurer and Librarian—T. W. Jones, Columbus.

Committee of Arrangements—F. Gunsaulus, J. F. Baldwin, Toland Jones, J. U. Barnhill, A. M. Bleile.

ORDER OF BUSINESS.

The order of business for each session will be:

1. Call to Order.
2. Reading of Minutes.
3. Report of Committee of Arrangements. (On first day).
4. President's Address. (Afternoon of second day).
5. Election of Officers. (Afternoon of second day).
6. Selection of the place for the next meeting. (Afternoon of second day).
7. Business which requires early consideration.
8. Annual Reports (on first day) of
 - a* Treasurer and Librarian.
 - b* Secretary.
9. Reports of Standing Committees:
 - a* Committee on Admissions and Medical Societies.
 - b* Committee on Finance.
 - c* Committee on Publication.
 - d* Committee on Legislation.
 - e* Committee on Ethics.
10. Reports of Special Committees: (on first day except *d*.)
 - a* Committee on "Memorial concerning Immigration of Defective Classes." E. H. Hyatt, Chairman.
 - b* Committee on "Act providing for the Protection of Physicians, etc." P. S. Connor, Chairman.

c Committee on "Consumption." J. E. Woodbridge, Chairman.

d Committee on "Organization of County Societies and their Relation to the State Medical Society:" Thad. A. Reamy, Chairman. Special order 11 A. M., Thursday.

11. Reports from Delegates to the American Medical Association and other Societies. (On first day).

12. Appointment of Committee on Nominations. (On first day.)

13. Written Communications on Medical Subjects.

14. Oral Communication.

15. New Business.

16. Unfinished and Miscellaneous Business.

17. Adjournment.

The following written communications are announced:

a "Errors of Refraction and Muscular Adjustment as Causes of Nervous Phenomena:" C. F. Clark, Columbus.

b "Cleanliness in Eye Surgery:" B. L. Millikin, Cleveland.

c "Carcinomata Mammæ: their early Diagnosis and Operation." Dudley P. Allen, Cleveland.

d "A Further Study of Hernia:" A. W. Ridenour, Massillon.

e "Vaginal Extirpation of the Uterus for Cancer; with Report of Cases:" C. A. L. Reed, Cincinnati.

f "Vaginal Hysterectomy:" A. B. Carpenter, Cleveland.

g "Report of one Year's Work of Intra-Pelvic Surgery for the Relief of Inflammatory Diseases:" R. B. Hall, Cincinnati.

h "The Etiology and Treatment of Pneumonia:" S. P. Deahofe, Potsdam.

i "The Surgery of the Knee Joint, with the Report of Cases of Excision and Erasion:" N. P. Dandridge, Cincinnati.

j "Report of a Porro Operation," and "The more frequent Use of Chloroform in Obstetrics:" J. F. Baldwin, Columbus.

k "The Rôle of the Microbe:" A. R. Smart, Toledo.

l "Common Mistakes in Medical Practice:" H. M. Brown, Hillsboro.

m "Do we take Cold?" H. D. Hinkley, Oxford.

n "Puerperal Fever:" G. H. Colvill, Harrisville.

o "The Treatment of Compound, Comminuted Fracture:" S. L. McCurdy, Dennison.

p "Phlyctenular Keratitis:" C. W. Tangeman, Cincinnati.

q "The Epidemics of Diphtheria, Scarlet Fever and La Grippe, at O. S. and S. O. Home:" C. M. Galloway, Xenia.

r "Acne: Its Nature and Treatment:" W. T. Corlett, Cleveland.

s "The Influenza, as seen in the Country:" W. W. Pennell, Fredericktown.

t "Indications for Internal Urethrotomy:" B. Merrill Ricketts, Cincinnati.

u "The Treatment of Scalds and Burns:" A. H. Brundage, Xenia.

v "Cough: Its Relation to Intra-Nasal Disease:" A. B. Thrasher, Cincinnati.

w "A Case of Hæmatoma of the Ovary, following Chronic Catarrhal Salpingitis, with Operation and Recovery:" R. Harvey Reed, Mansfield.

x "A Case of Labor at Full Term, complicated by Placenta Previa:" R. B. McCall, Georgetown.

z Volunteer Papers.

The sessions of the society will be held in the auditorium of the Board of Trade Building, East Broad Street, near High Street: first session at 2:00 P. M., Wednesday, June 4.

HOTELS.

Neil House, \$3.00 to \$4.00; Park, \$2.00 to \$3.00; The Crittenden, American, United States, each \$2.00; Grand Central, \$1.50 to \$2.00 per day.

RAILROADS.

Reduced rates may be obtained on all railroads on the following conditions: Each person must purchase a first-class ticket to Columbus; he must obtain from the ticket agent a certificate of such purchase, which agents are instructed to furnish on request; he must have this certificate signed by the Secretary at the meeting. On presentation of this certificate to ticket agents in Columbus, they are instructed to sell return tickets at *one-third the highest limited fare*. Tickets should not be pur-

chased more than *three days prior* to the meeting. Tickets are good for *three days* after the meeting, and are *not transferable*. Return tickets are limited to continuous passage. If through tickets cannot be procured at the starting point, purchase tickets to most convenient point where they can be procured, and buy ticket and get certificate from ticket agent there. *No refund of fare will be made on any account whatever because of failure to obtain certificate.*

This announcement is sent to many physicians in the State who are not members of the State Society, but who are cordially invited to attend the sessions of the Society and to become members this year, in order that they may give the Society the benefit of their professional experience and receive the benefit of the experience of other members.

From the titles of papers to be presented, it will be seen that the meeting promises to be both interesting and profitable.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, May 19, DR. LEONARD FREEMAN will read a paper.

CINCINNATI MEDICAL SOCIETY.—

May 20, no meeting, because of the meeting of the American Medical Association.

May 27, DR. WALKER on "Gangrene."

We have a few copies of Dr. W. E. Ryan's "Aphorisms in Diseases of the Rectum," \$1.00. This is an excellent work, and worthy a place in any library.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus,

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending May 9, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.	Group not Diphtheritic.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.			
1.....	7	..	..	..	2	..	1	..	..	..	..
2.....	..	..	..	..	1	..	..	..	..	..	..
3.....	..	..	..	..	..	..	1	..	..	..	..
4.....	6	2	..	..	..	..	2	..	..	..	..
5.....	3	..	2	..	1	..	..	..	..	..	..
6.....	..	..	..	..	..	..	..	..	..	..	..
7.....	1	..	..	..	..	..	2	..	..	..	..
8.....	1	..	..	..	..	..	..	..	..	..	..
9.....	..	..	..	..	..	..	3	..	..	..	..
10.....	..	..	..	..	..	..	1	1	..	..	1
11.....	..	..	..	..	..	..	1	..	..	..	..
12.....	2	1	1	..	3	..	1	..	..	..	..
13.....	..	..	..	..	..	..	..	..	..	..	1
14.....	1	..	..	..	1	1	1	..	..	..	..
15.....	..	..	..	..	..	..	..	..	..	..	..
16.....	..	..	..	..	..	..	..	..	..	..	..
17.....	..	..	..	..	..	1	..	..	..	..	..
18.....	2	..	..	..	..	..	1	..	..	..	..
19.....	..	..	..	..	..	..	3	1	..	..	..
20.....	..	..	..	..	..	1	..	..	..	..	..
21.....	..	..	..	..	..	..	2	2	..	..	..
22.....	..	..	..	..	..	..	..	2	..	..	..
23.....	..	..	..	..	2	..	1	..	..	..	..
24.....	1	..	..	..	..	..	1	..	..	..	..
25.....	..	..	..	..	..	..	..	..	..	..	..
26.....	11	2	..	..	..	..	..	..	..	..	..
27.....	..	..	..	..	..	..	1	..	..	..	..
28.....	..	..	..	..	..	..	3	1	..	..	..
29.....	..	..	..	..	..	..	..	..	..	..	..
30.....	..	..	..	..	..	..	1	1	..	..	..
Cin. Hosp.	1	..	..	..	..	..	..	..	..	..	..
Good Sam. Hosp.	..	..	..	..	..	..	..	..	..	..	..
Totals....	36	5	3	0	10	3	25	9	0	0	2
Last week.	51	3	1	1	8	1	20	6	4	2	1

The following is the mortality report for the week ending May 9, 1890.

Croup.....	2
Diphtheria.....	9
Measles.....	5
Whooping Cough.....	3
Other Zymotic Diseases.....	2—21
Cancer.....	5
Marasmus.....	3
Consumption.....	11
Other Constitutional Diseases.....	3 - 22
Bright's Disease.....	4
Bronchitis.....	4

Convulsions	3
Meningitis	3
Peritonitis	3
Pneumonia	7
Other Local Diseases	20—44
Deaths from Developmental Diseases	7
Deaths from Violence	3

Deaths from all Causes	97
Annual Death-rate per 1,000	15.52
Deaths for corresponding week in 1889	142
Deaths for corresponding week in 1888	104
Of the above deaths 15 were under 1 year old, and 33 were under 5 years old.	

J. W. PRENDERGAST, M.D.,
Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 48 cities and towns during the week ending May 9, 1890:

Diphtheria: Cincinnati, 25 cases, 9 deaths; Cleveland, 8 cases, 2 deaths; Toledo, 7 cases, 4 deaths; Piqua, 7 cases, 2 deaths; Columbus and New Vienna, each 4 cases; Xenia, 2 cases; Madisonville, 3 cases, 1 death; 2 cases in Gilead Tp., near Edison; one case and one death each in Lancaster, Milford and Uhrichsville; one case each, no deaths, in Springfield, East Liverpool, Findlay, Cedarville, Lorain, Beverly and Geneva.

Scarlet Fever: Columbus, 15 cases; Cleveland, 9 cases; 7 cases in Vernon Tp., near Crestline; Springfield, 5 cases; Toledo, 4 cases; Cincinnati and Upper Sandusky, each 3 cases; Bloomville, 2 cases; Delphos, 1 case, 1 death; one case each in Uhrichville, Lima, Youngstown, New London, Lockland, Versailles, Tremont, Garrettsville and Conneaut.

Typhoid Fever: Cleveland, 5 cases, 1 death; East Liverpool, 4 cases, 1 death; Fostoria, 2 cases; New Concord, 1 case, 1 death; Columbus, 1 death; Salem, 1 case.

Measles: Cincinnati, 36 cases, 5 deaths; Salem, 35 cases; Middletown, 34 cases; Garrettsville, 15 cases; Conneaut, 12 cases; Cuyahoga Falls and Lorain, each 10 cases; Columbus and Warren, each 8 cases; Springfield and Arcanum, each 5 cases; Cleveland, 4 cases, 2 deaths; Xenia, Springboro and New Carlisle, each 4 cases; Felicity and Versailles, each 3 cases; Youngstown, Defiance and Geneva, each 2 cases; one case each in Lima, Uhrichsville, Norwalk and Spencer Tp.

Whooping-Cough: Cincinnati, 10 cases, 3 deaths; Bloomingburg, 5 cases; Defiance, 4 cases; Cleveland, 3 deaths; Lorain, 3 cases; Toledo, 1 death.

Carthage, Dalton, New Richmond, Painesville, Chester Hill, Crestline and Smithville, report no infectious diseases present.

C. O. PROBST, M.D., Secretary.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

A REQUEST.

CENSUS OF HALLUCINATIONS.

Editor Lancet-Clinic:

DEAR SIR:—May I ask for the publicity of your pages to aid me in procuring co-operation in a scientific investigation for which I am responsible? I refer to the *Census of Hallucinations*, which was begun several years ago by the "Society for Psychical Research," and of which the International Congress of Experimental Psychology at Paris, last summer, assumed the future responsibility, naming a committee in each country to carry on the work.

The object of the inquiry is twofold: 1st, to get a mass of facts about hallucinations which may serve as a basis for a scientific study of these phenomena; and 2d, to ascertain approximately the *proportion of persons* who have had such experiences. Until the average frequency of hallucinations in the community is known, it can never be decided whether the so-called "veridical" hallucinations (visions or other "warnings" of the death, etc., of people at a distance) which are so frequently reported, are accidental coincidences or something more.

Some 8,000 or more persons in England, France and the United States have already returned answers to the question which heads the census sheets, and which runs as follows:

"Have you ever, when completely awake, had a vivid impression of seeing or being touched by a living being or inanimate object, or of hearing a voice; which impression, so far as you could discover, was not due to any external physical cause?"

The "Congress" hopes that at its next meeting, in England in 1892, as many as 50,000 answers may have been collected. It is obvious that for the purely statistical inquiry, the answer "No" is as important as the answer "Yes."

I have been appointed to superintend the Census in America, and I most earnestly bespeak the co-operation of any among your readers who may be actively interested in the subject. It is

clear that very many volunteer canvassers will be needed to secure success. Each census blank contains instructions to the collector and places for twenty-five names; and special blanks for the "Yes" cases are furnished in addition. I shall be most happy to supply these blanks to any one who will be good enough to make application for them to

Yours truly, W. M. JAMES,
Harvard University.
Cambridge, Mass.

THE KOLA NUT.

A good deal of exaggeration is observable just now in statements afloat concerning the kola nut, which has recently been attracting a good deal of attention in the public press. Europeans who have lived in Africa agree in ascribing to it wonderful sustaining properties during fatigue and abstinence from food. How far it is capable of rendering real service in this way can be deduced from a consideration of what we already know regarding its chemical composition and the action of its active principles. The so-called nut is in reality the seed of the cola (*sterculia acuminata*), a tree over thirty feet high growing in tropical Africa, each fruit of which contains from six to twelve seeds about the size of chestnuts. It has properties similar to coffee and cocoa. The chief active principles are caffeine, of which there is about 2½ per cent., theobromine 0.02 per cent., and tannin 1½ per cent., in addition to starch, cellulose, and other ordinary constituents of seeds. It forms a large article of inland trade in Central and Northern Africa, the Soudan, Tripoli, Morocco, Senegambia, Goboön, Angola, the Congo State, etc. Kola is the name given to it in Angola, on the Congo it is known as makasso, and in the Soudan as guru, while foreigners have sometimes designated it Soudan coffee. When fresh the taste is aromatic, but when old and too dry an unpleasant bitterness becomes developed. To keep them in good condition during transport the seeds are packed with moist leaves. It has been known to Europeans for a long time, and was first described at

length in the sixteenth century. The kola nut is used in Africa as an infusion and chewed. The native porters use it constantly and prize it highly; and as they are a class of men who can do very severe work on comparatively little food, their powers of endurance have been attributed by foreigners to the kola nut. Its active principles and its actions are, however, as we have said, the same as those of tea or coffee, and we already know to what extent and in what circumstances these are capable of acting as refreshing stimulants after fatigue, or during exertion and abstinence from food. The observations with kola nut made by Surgeon Firth on British soldiers bear out this view. He found that it is in no sense a food, that it does not affect the output of nitrogen from the body, and that, taken continuously during times of exertion or fasting, it possesses some power, but not very marked, of warding off the sense of hunger and fatigue. Its action in migraine and in alcoholic cravings depends entirely on the caffeine which it contains, while its good effects in dysentery are no doubt due to the tannin. In Germany coffee is a favorite household remedy in diarrhoea for the same reason. It is also employed as a purifier of water, but so are many other mucilaginous seeds to which it is in no way superior in this respect. In short, the kola nut is simply one of the many sources from which the human race obtains the stimulating and refreshing effects of caffeine, and its introduction offers nothing new either in dietetics or therapeutics.

—*British Med. Journal.*

OUR CRIMINALS.—From the experiences of modern and other officers of State prisons throughout the country, it seems that professional criminals have not the disposition nor the ability to reform their conduct. Therefore they ought to be regarded as moral imbeciles with hereditary traits or acquired physical or mental disease which in them have become organic and transmissible. Can not society protect itself from the professional?

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

EPITAPH.—I read a few days since in the cemetery of the village of Sarcat, the following inscription engraved in golden letters on a handsome marble slab—the base of a superb monument: “Here lies L. M., aged thirteen years, innocent victim sacrificed without pity by the physician who killed him.”—[*Gazette des Hôpitaux*.]

BALZAC’S PHYSICIANS.—Balzac has given doctors a large portion in his “*Comédie Humaine*.” He paints the obscure soldier of science in his “Country Doctor,” the physician of the fashionable world in “Desplein’s” (Dupuytren,) and the doctor of talent in “H. Bianchon.”

THE DEATH OF PROFESSOR LORAIN.—Dr. Lorain was the proprietor of an apartment house on the Rue Faubourg, Saint Antoine. One of his tenants had failed to pay rent, and owing to a severe malady, had become bed-ridden. Learning this fact the morning of his own death, he resolved to go and visit his sick tenant, remarking: “It is necessary to go and see what ails him. If I do not go, this poor man will believe I wish to put him out.” It was on arriving at his tenant’s door that Doctor Lorain died from an apoplectic stroke.

THE DEATH OF DOCTOR CINTRAT.—A baby was dying, choking from angina. A physician—it was Cintrat—leaned over the infant’s couch. He pressed his lips against the child and forced his own breath into the little one’s lungs. Horrors! he was innoculated by the diphtheritic poison. Stoic that he was, his only thought was now to keep his own family from the contagion. This care he took and

calmly awaited results. Death came to him and closed his eyes, but the doctor had a crown of glory. Heroes and conquerors may vaunt of their valor! Cintrat knew what he risked by his desperate practice. Learned and good as he was, he perished in order to save an obscure infant. A father, he gave up his life for a little child not his own. Ah, he was a great physician but likewise a martyr.—[*Bourgoins Lagrange*.]

A DISAPPOINTED DENTIST.—A dentist received compensation from an aristocratic client, which he deemed insufficient and remarked ironically: “Sir, you probably intend this money for my servant’s fee.” Whereat the patient retorted: “No, it is for both of you.”

THE CIRCULATION OF THE BLOOD.—When the blood, driven by the all powerful heart of man, rolls its crimson tide through the thousand canals that permeate the body, it glorifies life, giving vigor to the feet and splendor to the eyes; while the brain, hidden under a vaulted dome, is filled with beautiful thoughts and brilliant ideas. When the blood feels its sovereign heat failing, it re-enters the lungs, dark, feeble, and unhealthy; but the pure air of Heaven, with its revivifying health, touches with strength and renews life’s spirit with its divine element. Rich with nourishment, the blood again descends the human edifice, red and pure as old wine. ’Tis thus the soul supports the body in the universe; ’tis thus the soul traverses the earth and stars and visits the innumerable constellations; ’tis thus the soul courses through space unfathomable, burning in the air in sublime flames, glittering in masses of gold ’mid forms of flowers and animals, communicating to nature all its strength and grace. When the soul, losing its heated blood, feels its warmth at last fading away with the enfeeblement of the fiery fluid, it returns to its primitive source of supreme strength and seeks once more the air, the breath of God.—[*August Barbier*.]

WITHOUT POLITICAL OPINION.—They discussed politics. “I,” remarked

Doctor B., "have no political opinions, and never had them. I have never yet cried "Long live (vive) anybody."

"True," replied his friend, "but then you are a physician."

AT THE SISTER'S HOSPITAL. — A patient: "My God! My God?"

The good Sister (jolly and affable): "What do you desire of God, my friend? Tell me, for I am his daughter."

Patient (with air of conviction): "Oh! I wish I were his son-in-law."
—[*Le Carillon*.]

INCIDENT AT A MEDICAL EXAMINATION.—Tardieu was under examination, and Bouchardet was questioning him on a passage in his thesis treating a question of hygiene. "Sir," growled the celebrated gluten bread-maker, in that hoarse and guttural voice that many remember, "you speak of night-carts as though you had never seen one." And Tardieu retorted with impatience: "I never did see one—that is, until I met you."

IMPROVISATION.—Alexander Dumas once dined with Dr. Gistal, one of the medical celebrities of France. "My dear friend," said the host, in passing from the dining-room, where they had partaken of their coffee, "they say you improvise like an angel. Honor me, if you please, with a quatrain for my album." "Willingly," responded the poet; and, drawing out his pencil, he wrote before the host's eyes the following:

Since gallant Doctor Gistal
Treats all actresses and fairies,
The hospital is torn down—

"Ah, flatterer!" cried the delighted doctor, interrupting; when Dumas added:

They have made two cemeteries.

THE STYLE IS THE MAN.—Galileo, gentlemen, discovered the laws governing the pendulum; Newton, those of gravitation; Papin, the power of steam; Diderot, the transformation of force; Harvey, the circulation of the blood; Laennec, auscultation; Volta, electricity; Renaudot, journalism; and I—well,

gentlemen, I discovered the *plessimeter*. What genius, gentlemen! What great genius!—[*Piorry*.]

SURGICAL TREATMENT OF DIARRHŒA.—Velpeau had once in his service a poor devil attacked with a suppurating white swelling of the knee joint, which had caused the patient to have an uncontrollable diarrhœa. The limb was useless, and amputation performed on the axiom, "*sublata causa*," etc. The intestine recovered its good health and reposed from its past fatigues. Some days after the operation the eminent surgeon, showing the patient to the pupils following, said, with his characteristic bantering humor: "See, gentlemen, how the amputation of a leg can cure chronic diarrhœa!" A strange physician present made careful notes of all the great surgeon's remarks, and at the close of the hospital visit approached Velpeau and spoke as follows: "Sir, in the place I come from, I have a patient whose diarrhœa has lasted for fifteen months, and cannot be checked. I have employed all known remedies and failed. To relieve him of his malady I shall cut off one of his legs as soon as I return home."—[*Dr. Foulon*.]

PROFESSIONAL COMPLIMENTS.—Lisfranc, surgeon to "La Charité," called Depuytren, his colleague at "L'Hotel Dieu," "the butcher from the seashore," while the latter called his *confrère* "the assassin of charity." On another occasion Malgaigne commenced a criticism of one of his professional brother's theses with the following remarks: "Sir, I have attentively read your thesis, and am pleased to say that I have found in it much that is good and new; but I regret to have to add that the good it contains is not new and that the new is not good."

IN ALPHABETICAL ORDER.—On his first *concours* at the Central Bureau of Hospitals, Maisonneuve obtained the maximum of points, as well as several other competitors. In presence of these members *ex æquo*, the jury, which only had power to fill a single vacancy, decided that the names should be taken in

alphabetical order, and a certain Doctor B. was elected. Maisonneuve, strongly vexed at this procedure, called out aloud to the jury: "See what Destiny does for a man! If my name had been Ass I should have secured the place!" —[*Dr. Witskowski.*]

* * *

EPITAPH ON A MAN WHO DIED SUDDENLY DURING SLEEP.

Here lies one who never was ill,
And of late supper had his fill.
He took a promenade after he fed—
Next morning found him dead in bed.
Had he apoplexy, or heart disease?
Name his malady, if you please.
Alas! in a dream at midnight drear,
He saw his doctor's ghost appear.

* * *

THE CURE OF STUTTERING.—One day in my youth I visited the house of the celebrated physician P., where I had been invited to a children's party. Doctor P. had achieved great reputation as a *specialist* who could cure stuttering, and was the author of several theoretical works in this department of medicine. On entering the ball-room I found myself face to face with an old schoolmate, who greeted me thus:

"Ah! ah! ah! is it thou? Do-do-do-do you re-re-re-remember how I stut-stut-stuttered at school?"

I replied: "Yes."

"Very well," said he; "I came here to Doctor P.'s and he-he-he cu-cu-cured me."

This little incident has always rendered me suspicious of stutterers who no longer stutter.—[*Legouve*, "On the Art of Reading."

* * *

HOW ORFILA WAS CURED OF STAMMERING.—When young, Orfila committed some fault, and his father, wishing to punish him, gave him a most brutal beating. The child cried itself to sleep, and the next day stuttered terribly; the affection increased as time passed. A certain Doctor Legnier was consulted, and told the father to put young Orfila in the church choir among the choristers. For eight months Orfila followed the religious exercises, and sang to the clergy with delighted heart. Within three months he was almost well, and a few months after-

wards fully recovered. "When I am asked what to do for stuttering," said Orfila, "I always claim I was cured by the clergy and choir."—[*F. Dubois.*]

* * *

SURE SHOT.—A well-known specialist failed to bag any game in an all day hunt, while his companion was loaded down with the spoils of the chase. Suddenly a rabbit appeared in a path before them. "Doctor, a client!" shouted the fortunate one. These words were scarcely pronounced when the rabbit dropped dead from the physician's leaden pills.

* * *

THE HOSPITAL.

Here are children who suffer because they are born,

And the women who gave them birth dying.
Here are men who are groaning all hopeless
forlorn,

And for death always praying and sighing.

Here are aged abandoned, with never a friend,
Brokenhearted, but Death still a cheating,
'Gainst the hospital walls all withered they bend,

Coughing hard, while life's spark fast a
fleeting.

I walk for distraction, never looking around,
Like some imbecile, mind-sick and weary,
'Mid the green budding trees of the hospital
ground,

And I moan, though the sunlight looks
cheery.

'Tis a morning in Springtime, a beautiful day,
And the soft zephyrs whisper above me,
But I hate a world where mankind must decay,
Ne'er forgetting there's no one to love me.

[—*Henri Cazalis.*]

* * *

THE LIBERALITY OF DOCTOR LOUIS.
— Among the numerous instances of generosity, for which Louis was famous, although his modesty always endeavored to impose the secrecy of silence on those he befriended, let me narrate the following: It was in 1840, in one of his effusions of benevolence, that he made a life friend of a since celebrated physician. The latter had prepared an elaborate work on medicine, and would have published it had he not a daily struggle for his bread. When Louis heard of this poor but talented *confrère's* ambition, he visited him and advanced him the money wherewith to pay the cost of publication. As soon

as it appeared the work attained great favor, and the author took a high position among the physicians of Paris and secured a good practice. This physician died before his benefactor, Louis, and the latter refused to accept any payment of the obligation from his friend's family, although they insisted on the reimbursement. The cost to Doctor Louis of publishing his friend and business rival's work was over twenty thousand francs.—[*Orfila*.]

A WISH GRANTED.—The wife of Doctor Hamberger, being *enceinte*, one day returned from market with a basket of eggs and entered her husband's office, sighing; and, on her husband asking what caused her melancholy, she replied that ever since she bought the eggs she possessed an irresistible desire to break them, one after another, on his head. The doctor dearly loved his wife, and determined to gratify this whim of her pregnancy, and, bending his head, permitted her to break the eggs on his bald pate.

ASSES' MILK.—This milk has had a high reputation in France since the time of Francis I, and this is how this variety of lacteal fluid came to be introduced into use. Francis was very feeble and badly nourished, and the court physicians were unable to reestablish his health. A Jewish physician of great reputation was summoned from Constantinople by the French ambassador to Turkey. The Israelite doctor arrived in Paris and ordered all medicine discontinued, placing his Royal patient on a diet of asses' milk. This simple remedy proved a wonderful success, and the King recovered, and all his courtiers went on milk treatment, following the Royal example.

I owe to an ass restoration to health,
For what court doctors treated in vain;
Strange things come to pass
When the milk of an ass
Beats all of the Faculties' brain.

THE VIRGINITY OF JEANNE D'ARC.—The mother of the Queen, our Sovereign Lady, and certain ladies with her, *i.e.*, Dames Gaucourt and Frènes, visited

Joan of Arc and examined the secret parts of her body, and, after viewing her in this respect, the aforesaid ladies reported to the King that they found her to be a perfect virgin, without signs of corruption or violence.—[*Villaret*, tome vii, page 404.]

PROFESSIONAL APHORISMS.—Life is short; patients scarce and other doctors deceitful. Patients are a field, and the art of knowing how to treat them is the manure.

Patients are like flannel; you cannot neglect them an instant without danger of being left in the cold.

The physician who absents himself from his practice even for a short time, runs the same risk as a lover who deserts his mistress; he may be sure on his return that some one else has displaced him.

Young physicians should care for, coddle and caress their first patient; it is the first seed that brings in the harvest.

Do you wish to rid yourself of a tiresome patient? Send him a bill for a large fee.

The client who pays a physician is not exacting; those patients who never pay are always despotic.

The doctor who waits for a spontaneous recognition and the immediate payment of his bill by grateful patients, resembles that miller who waited for the river to flow by in order to pass to the other side; he's waiting still.

Exorbitant fees on the part of practitioners always tends to the confusion of medical art and those who practice the profession. A rich man on whom a surgeon operates is often asked an enormous fee. Such a victim may well ask, "Why did you not warn me of your charges beforehand? You are like a highwayman demanding one's money or his life."

When we know how stupid mankind is in regard to medicine, is it astonishing that there are so many quack doctors? The only matter of surprise is that there are so many honest and conscientious physicians.

A lady once asked a doctor how many physicians it took to make one

learned medical man, and he replied: "Just as many lovers as it takes to marry a coquette."—[Amadu Latour, *Union Médicale*, 1852.

THE PATRON-SAINT OF SYPHILOGRAPHERS.—Thierry, of Herz, an illustrious syphilographer of his time, one day visited the crypts of Saint Dennis Abbey. He passed carelessly across the Royal vault and suddenly he fell on his knees at the tomb of Charles VIII., when the sacristan, seizing him by the cloak exclaimed: "You are deceived sir. This is no Saint's tomb, but only that of our good King Charles VIII. May God preserve his soul."

"My honest man," replied Thierry, "I thank you for your precious candor; should you ever fall sick with the pox, I will cure you free of all charge. Learn my good fellow, that I have taken Charles VIII. as my patron-saint. It was he who introduced the Neapolitan plague, and he is my benefactor. Without him there would be no pox in Italy. He is my benefactor for syphilis is my special branch of practice, and brings me in an income of thirty thousand francs each year."—[*Dr. Foulin, Syphilographie et Syphilis*.

A DREADFUL TOOTHACHE.—Men will do almost anything when suffering from toothache. M. X. was one day attacked on a railroad train and suffered the wildest tortures. "Ah!" cried he to one of his friends who was travelling with him, "if I only had a piece of cotton for my tooth; but unfortunately"—here he uttered a cry of joy. "Saved! saved!" and pulled some cotton from his neighbor's ear.

A ROBBER ROBBER.—A druggist one evening was standing behind his counter when a man entered and asked for three francs ten centimes worth of quinine. Receiving the medicine, he left the store in haste. This aroused the suspicion of the apothecary, who examined the money given him and found that the francs were counterfeit and only the ten centimes genuine. Calling a policeman he bid him chase the thief. After a time the officer re-

turned having failed to catch the sharper, and the druggist sighed in disgust and then suddenly smiled as he said: "After all the good ten centimes gives me a hundred per cent. profit." Whereat the officer muttered: "A robber robbed."

AN ENEMY OF CREMATION.—Dr. X. was a ferocious reactionary, and at the same time a very ordinary physician who killed his patients daily. When cremation was proposed by a member of the municipal council, Dr. X. violently opposed the measure. "It is absurd and monstrous!" cried he. "It is not astonishing," retorted his opponent, "that you object to cremation, since it would burn all your work."

PEDICULI PUBIS.

Rome sleeps at its new master's feet,
For this day was song and feast;
Pope Sixtus wears, on his august head,
The crown of king and priest.

Pensive he sits in his latticed tower,
And looks out on the starry night;
'Till the mystic caress of a body louse
Disturbs his dream by its bite.

Ah! then he knew, 'though infallible,
He had felt such bites before;
He scratched his pubis with violence,
While a Papal oath he swore.

He cried "The whole world reveres me,
Prayers they chant in St. Peter's house;
But would to God I could bring to terms,
This infidel body louse."

—[Dr. George, *Sonnets Médicaux*.

AN EASY CALCULATION TO MAKE.—A countryman affected with *pediculi*, asked a druggist how much mercurial ointment would kill a thousand body lice. The apothecary replied ten sous worth. Then said the countryman: "I desire to purchase one hundred sous worth of the remedy."

A PORK BUTCHER.—One day a woman went to consult Dr. Broca. After showing a huge carbuncle on her leg, the celebrated surgeon took out his bistoury and proposed to use his "*steel balsam*." It was then the affrighted woman screamed that she would not let such a hog butcher carve her. "If you take me for a hog butcher, madam,"

said Broca politely, "what kind of a pig am I about to cut up?"

* * *

SIMPLE HOSPITAL THERAPEUTICS.
—It is a well-known fact that Bosquillon, physician to the "Hotel Dieu," often said on entering the wards in the morning, as the students came to meet him: "What shall we do to-day, gentlemen? Suppose we purge the patients on the left hand side of the ward and bleed those on the right?"

* * *

THE COUNTRY DOCTOR.

He started in practice; 'tis but a few years
Since Paris he left for his new country home;
A young doctor he, full of hope and of fears,
Fondly thinking, in time, that his fortune
would come.

A rural physician, with instincts most pure
Skilled in his profession, a man of address.
What matter he lives in a cottage obscure
When all of his neighbors this good doctor
bless?

Always we may see him in snow or in rain,
Facing fierce sultry weather or keen biting
frost;

His mission to aid all the sick who complain,
To comfort the dying, cheer those who have
lost.

What joyous smiles greet him, where'er he
doth pass,

What glances of love honest eyes oft express,
Ah, remembered is he at vespers and mass
For all of our neighbors this good doctor
bless.

He leaves his home when the cock crows at
morn,

His clients he visits the darkest of nights.
From the soundest of slumbers he's ruthlessly
torn,

↑ This hero who against all diseases fights.
"Good doctor make haste for my wife is in
pain!"

"Kind doctor come quick my child's in
distress!"

"Tarry not for my husband has wild fevered
brain!"

For this all our neighbors this good doctor
bless.

At times when all weary with faint drooping
eyes,

Overcome by fatigue he sits by the fire;
Sweet visions of youth and the past swift arise,
arise,

Then fancy plays music on Memory's lyre.
He sees far away, like a mirage in air,

Dear Paris, and white arms that stretch to
caress;

Fie doctor! forget her dark eyes and brown
hair;

Yet all of his neighbors this good doctor
bless.

Ah, courage dear friend, though your task be
hard,

The duties of life like a brave man fulfill,
May your praises be sung by some abler bard
Than this one you saved through your
medical skill.

When Death's shadow falls and dawn comes at
last,

A throng of bright angels about you will
press,

The transformed aged, your friends of the past
Will greet you: "May Heaven our good
doctor bless!"

—[E. Tillot.

* * *

A SURGEON OUTWITTED.—One day, said Velpeau, at my consultation, I received a visit from a youth of twenty-two, who came to pay me for a delicate operation I had performed on his mother. My bill in the case was 6,000 francs. The young man was very flattering in his remarks: "Six thousand francs, my dear doctor, is very little to pay for such a wonderful operation, but we have not much of a fortune and a little money goes a great ways with us. I will not dispute your bill, and if you insist will pay you the full amount. If you could lower the charge, however, I should be under extreme obligations." He handed me 6,000 francs as he spoke, and out of sympathy for the family I kept but 5,000 francs, handing him back a 1,000 franc note in reduction, and giving my receipt for 6,000 francs in full. He left me apparently overcome with thankfulness, swearing eternal obligations for my kindness. That same evening, at a very late hour, I passed under the arcades of the Palais Royal, when I perceived in a *café* a group of gay gentlemen drinking champagne. They were evidently sacrificing themselves on the altar of Bacchus, and were out for a night of dissipation. The one who seemed to be playing the part of Mécenas at the feast, was the son of the lady who paid the bill. Seeing me pass, he cried in a bantering voice loud enough to be heard for some distance: "There goes that old pudding head, Valpeau; he's paying for our fun to-night. He discounted mamma's bill. Poor mamma. She told me to pay him in full." Hearing this insulting remark I hurried away. Yes, the young man had my receipt in full for 6,000 francs and had not taken his mamma the 1,000

francs I had handed back. Mamma will never be the wiser for the escapade, but I grit my teeth every time I think how that thousand francs was being spent. The rascal never even offered a bottle of wine to drink to my health.—[*L. Laborthe, Les Médecins Contemporains.*]

A DRUNKARD once presented himself at the gates of the "Hotel Dieu" and was exhorted to practice temperance and drink more water if he wished to be cured. "My heavens!" cried he, "I have absorbed enormous quantities of water through the soles of my feet in my lifetime, for I am a boatman; but I never noticed that it did my stomach any good."

THE SOUL OF FLEAS.—Life is not an essential property of organized matter. The cadaver is void of life although composed of organized matter. The living organism presents then more than the cadaver, a living principle that the spiritualists call the soul, to which must be connected all the phenomena

of living beings. I accept the soul of the dog—with its fleas.

—[*Dr. E. Bailly.*]

DENTAL ANOMALIES.—Some privileged characters come into the world with teeth. We may cite among others, Papirius Carbon, Louis XIV., Mazarin, Guillaume Bizot, Richard VI., Mirabeau, Broca, and Alexander Dumas the younger, who was born with thirty-three teeth.

BETWEEN CONFRÈRES.—Dr. Broca was at Seville, and needing shaving, sought the aid of a barber. The latter, knowing his client was a surgeon, refused compensation for his services, and responded with a proud and disdainful air: "Never mind, Broca, we always exchange these courtesies with others of the surgical profession." We all know in Spain, even at the present day, barbers practice surgery, as they did in former years in France.—*P. Laborthe.*

[TO BE CONTINUED.]

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LOCOMOTOR ATAXIA AND DISEASES RESEMBLING IT.

A Paper read before the Southwestern Ohio Medical Society, at Springfield, Ohio, April 17, 1890.

BY

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Locomotor ataxia is a disease with such characteristic symptoms that a diagnosis should usually be made without difficulty. Nevertheless the disease is often overlooked, and, furthermore, other diseases are often confounded with it.

This paper will not be devoted to the description of such diseases, but is merely a clinical report. I have selected for this report a number of cases, illustrating various phases of locomotor ataxia, and others representing types of disease often mistaken for it. The cases are reported in the hope of familiarizing the ordinary types of this disease, and lessening the frequency of mistaken diagnoses.

CASE I.

Mr. C., age 54, was sent to me by Dr. C. L. Armstrong, in July, 1883. The first symptoms of his disease appeared fifteen years prior to this time, a transient paralysis of some of the extrinsic muscles of the eye, causing double vision. A few years subsequently he began to suffer with pains in the lower extremities, while his gait became impaired five or six years before I saw him.

I found at the time of my first examination the following symptoms. There was paralysis of the right third

nerve, which appeared now to be permanent, as it had remained unchanged for several years. There was a slight degree of anæsthesia in the lower extremities, especially noticeable on the calves, and soles of the feet. Over these parts a slight touch was not felt, while firm pressure was readily appreciated. There was also retarded sensation. If pricked with a pin one or more seconds elapsed before he perceived the sensation. The muscular sense was also impaired, so that he was often unconscious of the exact position of his limbs. He did not have the natural sensation in his feet. When walking the ground did not feel hard as in former years. He felt as though treading upon something soft, bags filled with water, velvet or the like. He suffered much with pain. A sense of painful constriction about the waist was rarely absent. He frequently had severe shooting pains in the extremities, deep seated, usually of a boring or burning character. He occasionally suffered with what appeared to be gastralgia. The pains were in the region of the stomach, and very agonizing, but the attacks were not of very long duration.

His gait was ataxic, worse at night, and he was unable to stand firmly with closed eyes.

In addition to these symptoms it need only be mentioned that he suffered much with constipation, that there was much weakness of the bladder, and that he was altogether impotent.

I had this case under occasional observation until he died, three years subsequently. The pains rather diminished in intensity, but the ataxia increased, and in addition a considerable paresis of muscles developed, so that he was for a long time bed-bound. He

died from the effects of cystitis and decubitus.

A post mortem examination revealed a typical sclerosis of the posterior columns of the cord.

CASE II.

Mr. M., age 45, was first seen by me in May, 1886. His disease had been of seven years' duration, and presented almost precisely the symptoms of the preceding case. But in this instance the ataxia involved the upper extremities also, and the inco-ordination was so great that he could not feed himself or even shake hands, as in ordinary greeting. He also died of the effects of cystitis and decubitus, about one year after I first saw him. He was bed-bound for some years before the fatal issue. The post mortem examination revealed sclerosis of the posterior columns.

CASE III.

Miss B., age thirty, seen with Dr. M. Cassat, November, 1882. She had for a year been suffering with severe shooting pains in the lower extremities and the trunk, and, especially, a sense of painful constriction about the waist. For a few months her gait had been somewhat impaired. An examination revealed a slight anæsthesia and retarded sensation over parts of the lower extremities, an inability to stand firmly with closed eyes, and absence of the patellar tendon reflexes. The gait was slightly ataxic, but became much worse when she attempted to walk with closed eyes. At this time the pupils, bladder and rectum were normal.

About a year subsequently she began to have difficulty in holding her water, and soon the weakness of bladder and rectum became pronounced. Also, about a year subsequent to my first visit, it was observed that, while the right pupil remained normal, the left was dilated, not circular, and did not respond to light, though it became smaller during the act of accommodation. Two years subsequently neither pupil responded to light.

Since this time her condition has grown worse steadily. She has now been confined to her bed for several years. Several new symptoms have

appeared, the most important being paralysis of different muscles of the lower extremities, notably the dorsal flexors of the foot.

The three cases just reported had reached the paralytic stage of the disease, in the first the whole duration of illness having been seventeen years, in the second eight years, while in the last, the disease is already of nine years standing. In this paralytic stage there is not disability from extreme ataxia alone, but there is also actual paralysis. The muscles most frequently paralyzed are the anterior tibial groups, the dorsal flexors of the foot, and this condition was found in the three cases reported, though other muscles, especially the flexors and extensors of the knees, were weaker than normally. The paralysis is sometimes due to degenerative changes in the nerves, in other instances to progress of the sclerosis from the posterior column into the motor areas of the cord, particularly the anterior cornuæ.

Though it is the object of this paper to dwell particularly upon points of diagnostic import, I will merely mention as a singular feature, that there is no history of syphilis in any of these three cases, and careful inquiry and personal examination failed to reveal any evidence of it. These cases were not selected ones, so that the fact of absence of syphilis in all is remarkable as a history of syphilis is common in tabetic subjects. It is in fact so common for me to find syphilis in cases of locomotor ataxia that it is my custom without any preliminary question to ask such patient abruptly when he had had the primary lesion. Nevertheless I have seen quite a number of cases besides these just reported, in which there was no evidence whatever of syphilis having ever been present.

The cases already reported are such as have passed through the various stages of locomotor ataxic, and well illustrate the disease in its various stages. I will now add the report of a few in the, as yet, preataxic stage, where the question of diagnosis is more likely to arise.

CASE IV.

Mr. R., age 34, was sent to me by Dr. Jos. Ransohoff, in June, 1884. Three years previously he had had a shanker, which was followed by constitutional symptoms. The symptoms of tabes, which presented themselves subsequently, were shooting pains in the legs, a feeling of numbness and stiffness about the thigh, and weakness of the bladder. An examination revealed a slight tendency to waver when standing with feet close together and eyes closed; absence of the patellar tendon reflexes, also certain changes in the pupils. The left pupil was a little smaller than the right and did not respond to light, while the right pupil responded very slightly. Both became smaller during the act of accommodation. The most singular symptom was the loss of cutaneous sensibility. There was complete anæsthesia of the penis and of the anterior and inner aspects of both thighs. On account of the anæsthesia of the penis, while sexual desire was easily aroused and erection of the organ obtained, the sexual act was accompanied by no sensation, and there was no ejaculation of semen.

Such complete anæsthesia is not common in this disease. Usually there is only slight impairment of cutaneous sensibility, and that occurs most frequently in certain areas, as upon the soles of the feet and over the calves. But there can be no doubt of the diagnosis in this case. The shooting pains, absent patellar tendon reflexes, and Argyll Robertson's pupils, establish that.

CASE V.

Mr. R., age 43, was sent to me in March, 1886, by Dr. J. F. Baldwin, of Columbus, O. Patient had had an initial lesion, but without known constitutional symptoms, eighteen years prior to this time.

For four years he had been subject to attacks of severe pain in the lower extremities, the pain being deep seated and of a shooting character. These pains came on at periods of one or more week's duration, and in the interval, a period of weeks, even months, he was comparatively free from pain. He had also, occasionally, numb sensations in

his limbs, at other times a sense of itching.

An examination revealed small pupils, unequal in size, and quite circular in form, which do not respond to light, but become smaller during the act of accommodation (Argyll Robertson pupil); and an abnormal condition of the patellar tendon reflexes. On the left side the latter was entirely absent, while on the right a slight response could occasionally be obtained. The only other symptom of locomotor ataxia manifested was a degree of weakness of the bladder. There was no manifest anæsthesia, no Romberg symptom—he could stand firmly with closed eyes.

It is interesting to observe the condition of the patellar tendon reflexes in this comparatively, early period of the disease. Such a condition has almost equal significance to its entire absence. The condition of the pupils, and patellar tendon reflexes, and the presence of characteristic pains are quite sufficient to establish the diagnosis.

CASE VI.

Mr. P., age 35, of Washington C. H., was sent to me by Dr. S. C. Ayres, in February of this year. He had a primary lesion three years ago, but constitutional symptoms were not observed. He had double vision for a few months several years ago, and again last year. He observed that the last few years his sexual powers were weaker than formerly. Otherwise there had been no symptoms of his present illness prior to last November. At that time he began to observe that he was losing vision in his right eye. Soon afterwards his left eye began to fail, and his sight has been getting gradually worse ever since. At about the same time he first suffered with sharp, deep-seated pains of short duration in the knees, ankles, and wrists.

An examination reveals absence of the patellar tendon reflexes, the presence of the Argyll Robertson pupil, and atrophy of both optic nerves. In the left eye vision is equal to $\frac{5}{20}$ in the right only $\frac{4}{200}$.

There are no other symptoms of locomotor ataxic, no bladder symptoms, no impairment of the gait, he stands

firmly with closed eyes, etc. But the symptoms presented are quite sufficient for a positive diagnosis. Atrophy of the optic nerves is, not unfrequently, an early symptom of locomotor ataxy. It is also one of the greatest afflictions of this frightful malady.

In contrast to the foregoing cases, I will briefly report the history of a few in which a diagnosis of locomotor ataxia had erroneously been made. I have attempted to select that class of cases in which such mistakes are most commonly made.

CASE VII.

Mr. A., age 35, was sent to me with the diagnosis locomotor ataxia. His chief symptom was a difficult gait. In walking, the feet were lifted high from the floor, and then seemed to fall down without any control. If the toes happened to catch on anything he would fall forward on his face. The patellar tendon reflexes were absent on both sides, and he spoke of occasional pains in his knees. On account of this array of symptoms the diagnosis was made, and, at first sight, it seemed to be strongly fortified. But on farther examination it was found that the difficult gait was due to paralysis, not mere loss of control of muscles. All the muscles in the lower extremities were weak, and the anterior tibial groups were almost completely paralyzed. Furthermore, the paralyzed muscles had lost their faradic contractility showing that there was pathological atrophy of muscles, that the paralysis was peripheral. The patient had anterior poliomyelitis. The patellar tendon reflexes are often absent in this disease. The pains with which the patient suffered were trivial. There were no ocular or vesical symptoms, or any farther symptoms of locomotor ataxia.

CASE VIII.

Mr. W., age 30, seen in consultation; diagnosis given, locomotor ataxia; chief symptom, impaired gait. For five years he has had difficulty in walking. He can walk only a short distance without fatigue; always uses a cane. His gait is weak, almost tottering. In addition he suffers much with a sense of general

prostration, often feels irritable, and is much distressed by noises or the like. He has had stomach symptoms, great flatulency, bad taste, etc., since the beginning of his illness.

On examination it is found that the muscles of the lower extremities are weaker than normal, but there is no anæsthesia, no impairment of cutaneous sensation or muscular sense, no inco-ordination of movement, and the tendon reflexes are normal. There is, therefore, in this instance, no disease of the posterior columns, no locomotor ataxia. The disease of the cord must be in the antero-lateral columns, the motor tracts, and it is not improbable that there is no coarse disease, no sclerosis, merely impaired nutrition of the cord, and that recovery is possible.

CASE IX.

Mr. P., age 39, of Southern Ohio, came to me after a number of physicians had made a diagnosis of locomotor ataxia. About fifteen months before I saw him he began to walk somewhat unsteadily, and could scarcely run at all, but the walking was not worse at night than in the daytime. The gait got gradually worse for some time, but had been improving for a number of months before I saw him. He also observed for a while a diminution of the sexual powers, which improved afterwards; also some weakness of the bladder. But there had been no history of anomalous sensations of any kind, no anæsthesia, no pain, excepting occasionally in the neighborhood of the heart or the occipital region, and the pupils and patellar tendon reflexes remained normal. The gait displayed weakness, not ataxia, due to slight paralysis of muscles of the lower extremities.

There were no symptoms of locomotor ataxia, but the man had been a hard drinker for quite a number of years, and the symptoms could be easily accounted for by a multiple neuritis, such as is occasionally found in alcoholic subjects. The subsequent improvement, almost complete recovery, substantiated the correctness of this diagnosis, given at the time of his first visit.

CASE X.

Mr. M., age 40, was sent to me from Illinois. Diagnosis made by a number of physicians, locomotor ataxia. Five years before he began to walk unsteadily, the gait being especially bad at night. The hearing in the right ear impaired for about the same length of time. He can not use his hands as well as before, and his hand writing is bad, on account of a degree of tremor in the upper extremities. But there has been no history of flying pains, patellar tendon reflexes are normal, and there is no anæsthesia. On the other hand he gives the history of some pain in the head and vertigo, his gait is reeling rather than ataxic, and an ophthalmoscopic examination reveals double optic neuritis.

The man has a brain tumor, probably cerebellar, and, inasmuch as there is total deafness on the right side, it probably affects particularly the right hemisphere.

CASE XI.

Mr. S., age 66, seen in consultation as a case of locomotor ataxia in the pre-ataxic stage. He had suffered for years with intestinal catarrh, and eczema around the anus, also with much vesical trouble on account of an enlarged prostate. The special nervous manifestations were pains in almost every part of the body, more or less severe, which had been present for three years. On account of these pains, and because the patellar tendon reflexes were difficult to elicit, locomotor ataxia had been diagnosed. Though less apparent to the untrained observer, there was stronger foundation for the diagnosis locomotor ataxia in this than the preceding cases. Nevertheless it did not appear to me to be the correct diagnosis. The patellar tendon reflex is very often difficult to elicit in healthy individuals, so that that condition has, by no means, the significance of its entire absence. The pains with which the patient suffered, were not the lightning pains, so commonly found in locomotor ataxia, but rather distressing sensations of various kinds, a burning pain, or the like. Furthermore, the age of the patient is an unusual one for the development of locomotor ataxia. I,

therefore, looked upon the disease as neurasthenia, produced by the bodily ailments with which he had been long afflicted. He died some years after I first saw him, of an intercurrent disease. During this time the neurasthenic symptoms had been sometimes better, sometimes worse, but no other symptoms of locomotor ataxia appeared.

I do not wish to add any further histories of cases. The above are sufficient, I hope, both to illustrate the symptoms of importance in the diagnosis of this disease, and the type of cases in which mistakes are often made. It will be observed that in four of the five cases mentioned it was the impairment of gait that led to the mistaken diagnosis, and yet this is the symptom upon which the least stress should be laid. Though the ataxia has given the name to the disease, and is a symptom of much weight to the patient, yet in diagnosis its value is greatly overbalanced by the ocular symptoms, the absence of the knee jerk, or the characteristic pains, or other disturbances of sensation.

I would like to emphasize, also, that it is not a matter of indifference, as seems to be taken for granted too often, whether or not a correct diagnosis be made. As regards both prognosis and treatment, an error in diagnosis may be of serious consequence.

TREATMENT OF GALL STONES.

The usefulness of pilocarpine seems to be increasing. According to the *Bulletin Gen. de Therapeutique*, Lekarckie makes the assertion that pilocarpine is almost a specific in the treatment of gall stones. It relieves at once the pruritus of jaundice. The dose hypodermically is one-eighth of a grain twice a day. Thirty cases have been treated successfully.

—*Indiana Med. Journal.*

ANTISEPTIC wool is being preferred to absorbent cotton, on account of its greater absorption and less liability to mat.

LITHOLAPAXY IN A GIRL SIX YEARS OF AGE.

A Paper read before the Cincinnati Medical Society, January 28, 1890,

BY

J. C. OLIVER, M.D.
CINCINNATI.

Emma Z., æt. 6, small and delicate looking, presented herself at my clinic at the Miami Medical College, complaining of pain in micturition, great straining during the act, passage at various times of blood and the constant presence of pus in the urine. At times she was unable to cause the urine to pass, and during micturition the stream would sometimes suddenly stop; at which times she would scream with pain. The mother also stated that there was a prolapsed condition of the rectum.

From these symptoms I was led to believe that a local condition, most likely a stone, existed, and suggested an examination of the bladder. Her mother consented, but owing to the fright and consequent restlessness of the child the examination was extremely unsatisfactory. Although no stone was struck, yet was I confident that such existed. Prescribed some tr. belladonna and postponed further examination until the child would become more accustomed to her surroundings.

Examination of the urine showed it to be alkaline in reaction and a multitude of pus-cells present.

On November 20th, she returned. The symptoms were not at all ameliorated. The bladder was again sounded under more favorable circumstances and a stone immediately struck. The stone was apparently of good size, and I informed the mother that an operation would be necessary for its removal. She desired time to consult with her husband and they failed to return, so it became necessary for me to hunt them up and present the necessity of operation to them. After much time spent in talking I obtained permission to operate providing no cutting was done.

On December 7, with the assistance of Drs. Dandridge and Freeman, I pro-

ceeded to operate. The urethra was dilated with sounds and forceps until we were enabled to introduce a pair of bullet forceps. The stone was seized and an attempt at removal made, but it was too large to pass. It was then crushed with the forceps and removed piece by piece. A Bigelow evacuator was used to assist in the removal. After removing all of the fragments the patient's condition became unpromising, so further operation was postponed. Before stopping we assured ourselves of the existence of a second stone.

The patient reacted well and was soon able to be about. The stone removed weighed 3ss. Subsequent to the operation the patient passed two fragments. There was no incontinence of urine following the operation, notwithstanding the fact that the urethra had been dilated sufficiently to receive the largest sized evacuating tube. Dr. Julius Eichberg examined the stone and pronounced it to be mostly composed of uric acid with a small amount of calcium phosphate.

January 10, 1890, with the assistance of Dr. Freeman and Messrs. Knight, Schenk and MacMillan, I dilated the urethra and by means of a small lithotrite crushed the remaining stone. The evacuator was then used and all fragments evacuated. The fragments weighed 45 grains. The operation lasted about one-half hour. The composition was similar to that of the former stone.

There are some features of this case presenting points of interest. In the first place stones are a rarity in the female bladder. As a usual thing they succeed, when formed, in passing through the urethra, which we know is readily capable of dilatation.

The second point of interest is the age of the child (6 years). As she had been complaining of trouble for a year or more, it is fair to conclude that the first stone must have formed when she was about five years of age.

Our first idea was that probably the stone was formed around some foreign body introduced from without, but there was nothing in the fragments to

lend any plausibility to this view. By carefully examining the fragments you will notice a black portion, which we took for the nucleus. This we were inclined to believe consisted of dried mucus.

The total weight of fragments was 75 grs., making, as you will readily perceive, a couple of quite large stones.

There was never any incontinence of urine at any time following either operation. It speaks well for the female urethra when it can twice be dilated to such an extent as to almost admit my little finger, and yet no incontinence result. From the result of this case I am led to believe that dilating the female urethra is a very innocent procedure, and that it quickly regains its powers. I also judge it to be unnecessary to perform any cutting operation in females (supra-pubic or perineo-vaginal section), for the reason that the crushing operation is almost always applicable.

I would state, in conclusion, that the patient has progressed in a very satisfactory manner; in fact, she progressed a little too rapidly for me, as I found her out of bed, running around the room about four hours after the second operation.

266 Elm Street.

[FOR DISCUSSION SEE P. 629].

HIGH TEMPERATURE IN URÆMIA.

Lépine (*Revue de Médecine*) reports some of the results of his observations in reference to temperature and uræmia. The temperature of uræmia is considered to be low when the substances which are excreted by the kidney are simply retained in the blood, and that a high temperature occurs when a reabsorption of the renal secretions takes place. He infers this from the fact that when a ligature is placed round the ureters, and above the ligature a communication is established, with a reservoir of salt and water, sufficiently raised to produce pressure, which will drive the urine back into the circulation, the temperature rises very high; but if uræmia is produced by simply ligaturing the ureters, the temperature is low.

SHORTENING OF THE SACRO-UTERINE LIGAMENTS.

A Paper read before the Cincinnati Medical Society, February 4, 1890,

BY

S. STARK, M.D.,
CINCINNATI.

It is the purpose of this paper to lay before the Society a pathological condition which has received little or no attention in the text books. The affection, though secondary in its nature, is entitled to as much special recognition as other diseases so treated. It gives rise to a distinct line of symptoms, is not eradicated with the removal of the cause, as it persists after the same has undergone a spontaneous cure, and is only eliminated by treatment especially directed to it.

E. Martin ⁽¹⁾ was the first to point out the existence of contraction in the sacro-uterine ligament. B. S. Schulze ⁽²⁾ speaks of this condition as a parametritis posterior, and as the principle etiological agent in the production of a pathological antelexion. Schroeder ⁽³⁾, Fritsch ⁽⁴⁾, and Hewitt and Sims ⁽⁵⁾, allude to it in this connection. George T. Harrison ⁽⁶⁾ also dwells at length upon this subject in its relation to antelexion. Bandl gives some space to its description as parametritis posterior in his "Krankheiten der Tuben, der Ligamente, etc." Emmet ⁽¹⁾ says: "These ligaments, however, frequently become thickened from inflammation. Whenever the retroversion becomes complete, so that these thickened ligaments partially close over the enlarged uterus, they often present an obstacle when we attempt to replace the organ, which might easily be mistaken for adhesions."

1 E. Martin, Die Neigungen u. Beugungen des Uterus nach vorn u. hinten, 1866 u. 1870.

2 B. S. Schulze, Ueber die pathologische Antelexion der Gebärmutter u. der Parametritis posterior. Gynäk. Archiv., Bd. VIII, Heft 1, 1875.

3 Schroeder, Frauenkrankheiten, 1881, p. 149.

4 Fritsch, Die Krankheiten der Frauen, 1886.

5 Hewitt and Sims, Vol. I, p. 297.

6 American Syst. of Gynecology, Vol. II, p. 1101.

Thomas, Simpson, Goodell, Byford, Skene, and others in no way refer to this shortening as productive of any disturbance; still, as a good number of other acknowledged authorities recognize this state of the sacro-uterine ligaments, the following consideration and presentation of this subject, ought not be deemed presumptuous.

PATHOLOGY.

Anatomically considered, the ligaments consist of peritoneal folds, enclosing connective tissue and muscular fibres. The muscular fibres come from the uterine platysma and fornix vaginae (Savage), and posteriorly blend with muscular fibres from the rectum (Bandl). The connective tissue is continuous with the remaining cellular tissue of the pelvic floor and lateral ligaments.

Concerning the pathological nature of this affection, many different views are entertained. Schulze and Bandl consider it altogether a subacute or chronic cellulitis, with an atrophic tendency. Richard B. Maury⁽¹⁾ and Harrison refer to its occurrence, that is, a localized cellulitis in the sacro-uterine ligament, in an acute form. Harrison⁽³⁾, cites a case of recent laceration of the cervix on the right side, associated with acute puerperal parametritis posterior of same side. This acute parametritis posterior is followed by shortening of the ligament in the same manner as a parametritis lateralis is followed by contraction of the lateral ligament.

Again, Fritsch⁽⁴⁾ looks upon the process as a perimetritis posterior. Coe⁽⁵⁾ presented a specimen of shortening of the the sacro-uterine ligament before the New York Obstetrical Society, May 5th, 1885, demonstrating the difficulty of determining whether it be of peritoneal or cellular origin.

¹ Emmet, Principles and Practice of Gynecology, 1884, p. 298.

² Richard B. Maury, American Syst. of Gynecology, Vol. I., p. 715.

³ Harrison, American Syst. of Gynecology, Vol. II., p. 1102.

⁴ Fritsch, Die Krankheiten der Frauen, 1886, p. 236.

⁵ Coe, American Journal of Obstetrics, 1886, p. 1195.

Bernutz and Goupil⁽¹⁾ absolutely deny the possibility of the formation of a retro-uterine phlegmon, and assign for this reason, the extreme tenuity of the cellular tissue in this region. The autopsy on their "Case I" demonstrates posterior peritoneal adhesions to the rectum with acute antelexion. "Case II," during life presented the features of a posterior cellulitis, as described by Harrison in the case alluded to above, but the post-mortem examination revealed only the remnants of a peritonitis. Even torsion and slight lateral displacement of the uterus, so graphically described by Schulze as resulting from a one-sided affection of the ligament, were present in this case. The theoretical objections raised by Bernutz and Goupil to the cellular seat of retro-uterine inflammations hardly deserve to be sustained. This connective tissue is not so thin as not to harbor lymphatics and bloodvessels. Another thing must not be forgotten. These great men wrote their celebrated work for the sole purpose of overthrowing the current belief in the cellular seat of pelvic inflammation.

The parametrium and the perimetrium either separately or combined, are involved in the production of the lesion. As Coe has shown, we cannot determine the nature of the process by a post-mortem examination. Therefore, to be able to come to any conclusion, we must make clinical comparisons of analogous conditions. The contact of the peritoneum with gonorrhœal pus from the tubes, is followed by peritonitis. A laceration of the cervix may extend into the lateral parametrium and produce a cellulitis confined to the base of the broad ligament; in the same manner it might set up trouble in the sacro-uterine ligament. Bandl says: "The muscular fibres radiating from the uterus, usually participate in all inflammatory processes of the uterus, in this way carrying the inflammation to peritoneal tissues." The muscular fibres being intimately connected with the cellular tissue in the ligaments, the natural deduction would be that an en-

¹ Bernutz and Goupil, Sydenham Soc., Vol. II, p. 13.

docervicitis with metritis cervicis would manifest itself as a parametritis posterior, if the underlying disease be severe enough to produce any complication in the folds of Douglas. To simmer it down, such lesions as are usually followed by peritonitis, will attack the peritoneal portion of the sacro-uterine ligaments, and such as are productive of parametritis, the cellular portion of the folds. Again, we find peri and parametritis associated in the lateral ligament. We have as great a right to expect this association in the posterior folds, because of the more intimate relation between the peritoneum and the cellular tissue.

ETIOLOGY.

The causes assigned by Schulze as being most favorable to the establishment of this disease are chronic constipation, voluminous fæces, and excessive length of the male organ. Concerning constipation and voluminous fæces as agents, I desire to refer to a young girl 18 years of age, whom I have at present under observation. Only three weeks ago I was summoned to see her on account of a constant and painful desire to defecate. Upon examining her I found the rectum filled with very large and almost stony hard fæcal matter. She frequently suffers with painful and hard operations, but this is the first time she encountered such difficulty as before mentioned. The girl has always been a sufferer with severe dysmenorrhœa, backache, etc. I am now treating her for contraction of the sacro-uterine ligaments, which has produced an ante flexion. I also wish to mention a case treated by me a year ago. The patient got rid of her annoying symptoms, but after a few months they returned and are now as bad as ever. I recently had occasion to see her husband's organ, and its length was certainly very unusual.

I myself, though, have seen this shortening most frequently associated with endocervicitis and metritis cervicis.

Another very common agent is the pessary. How often have we removed improperly fitting pessaries for severe backache and bearing down?

These are the cases most illustrative of acute or subacute inflammation in the sacro-uterine ligaments. It is my opinion that a correctly applied pessary for a retroversion or flexion cures through the chronic inflammation it produces in these ligaments; and our success in the use of this instrument depends also to a great extent upon our ability to determine the length of time the suitable pessary should be worn. Although a pessary may be proper in every particular when applied, still if left *in situ* too long, an acute inflammation will develop upon the basis of the chronic one.

Ulcerative processes in the rectum and epithelioma of the cervix are said to occasion this trouble. I have frequently found in conjunction with a cervical laceration, salpingitis or ovaritis, contraction limited to one side.

SYMPTOMS.

The most marked symptom is the one common to the majority of pelvic disorders, namely, backache. This complaint is spoken of in connection with leucorrhœa. In very many cases the severity of this symptom can not be explained by the heaviness or hyperæsthetic condition of the uterus or the amount of discharge. I have had a number of patients who had been treated for leucorrhœa, and although the discharge disappeared, the backache persisted, but when the rigidity of the ligament was overcome, they were freed from this annoyance. There is more or less pain on intercourse, constipation and painful evacuations, and dysmenorrhœa. Schulze asserts that he has cured people with ante flexion of dysmenorrhœa by attention directed to the parametritis posterior only, the degree of ante flexion not having been influenced by the treatment whatsoever.

PHYSICAL SIGNS.

The evidence of disease of the folds of Douglass is sometimes so manifest as to require but a superficial examination for its recognition, and, at other times so obscure as to necessitate very careful search. For convenience, I will speak of the contraction as occurring in three forms. The first, in which the posterior fornix vaginæ is encroached

upon by the shortened ligaments, so as to present two diverging ridges. The second, in which the contracted ligaments are recognizable just above the fornix. And the third form, in which it is necessary to elevate the fornix with the examining fingers, to appreciate the shortening.

It must not be understood that these forms represent varying degrees of contraction. The differences are mostly due to the relative position of the vagina and uterus. If the cervix be low, that is, if there be descent of the uterus, with a comparatively high fornix, we get the first form. Again, sagging or prolapse of the vaginal walls, with normal elevation of the uterus, will disclose the second form. The third form we principally get to see in cases associated with ante flexion and version.

I have also seen the third form in connection with retro-position and high posterior fixation of the uterus. Emmet, as before mentioned, speaks of it in connection with retroversion. Possibly some of Emmet's patients had, at some time previous, been furnished with unsuitable retroversion pessaries, without an attempt at a reduction of the dislocation having been made. I have encountered such cases. This would be one of the best possible conditions under which to develop an inflammation in the folds. In retroversion there is more or less tension of the previously relaxed sacro-uterine ligaments, and the crowding of the posterior arm of a pessary against them, together with the friction produced by changes in posture, and by the respiratory movements, would be fruitful causes in bringing about the above result.

When any difficulty in diagnosing this condition directly is experienced, its existence may be inferred from the limited mobility of the cervix anteriorly. Furthermore, an effort to move the cervix to the front is accompanied with severe pain. The same holds good for shortening limited to one side. Here the cervix is not only drawn backward toward that side, but is also rotated. The otherwise transverse slit of a parous os will become oblique.

TREATMENT.

The therapeutic measures are directed toward the reduction of any existing inflammation, and toward the re-establishment of the former elasticity in the ligaments. To accomplish the first we resort to the application of tr. iodine to the posterior fornix once weekly, and the introduction, in Sims' position, of glycerine tampons thrice weekly. The tampons, when properly applied, aid in securing the second result, as by a thorough distension of the posterior fornix, the sacro-uterine ligaments are also put upon the stretch. At each treatment it is also advisable, with two fingers back of the cervix, to bring it forward toward the symphysis and hold it there for a while; that is, a similar manipulation must be practiced as that resorted to in attempting to overcome the contraction of tendons occurring after a joint has been in splints.

Naturally, an attempt must be made to eliminate all causative influences, if such exist; endometritis must be cured; lacerations sewed up, etc. If there be chronic constipation, give an appropriate laxative; in the early part of the treatment, when acute inflammation still exists, the daily use of Epsom salts is indicated. Hot vaginal douches also exert a beneficial influence.

61 W. Eighth St.

[FOR DISCUSSION SEE P. 631.]

THE INTERNAL USE OF BORACIC ACID.

In bladder troubles, according to Dr. J. B. Baird, of Atlanta, Ga., seems to retard or to prevent decomposition, and as the urine is distilled, drop by drop, into the bladder, the influence of the medicament is constant and increases with the amount of the urine, which, in cystitis, would otherwise act as an active irritant. This quality of the urine appears to be neutralized by the presence of the boric acid.—*Practice*.

"CUTICURA OINTMENT". — This much advertised nostrum consists of a base of petroleum jelly, colored green, perfumed with oil of bergamot, and two per cent. of carbolic acid.

Society Reports.

CINCINNATI MEDICAL SOCIETY.

Meeting of January 28, 1889.

The President, C. R. HOLMES, M.D.,
in the Chair.

L. S. COLTER, M.D., Secretary pro tem.

Subconjunctival Hemorrhage from Pertussis.

DR. C. R. HOLMES exhibited a case of marked subconjunctival hemorrhage as a result of pertussis. The patient was a boy about six years of age.

DR. J. C. OLIVER read a paper entitled

Litholapaxy in a Girl Six Years of Age (see p. 624).

DISCUSSION.

DR. G. H. GOODE reported a similar case occurring in a girl five years of age, which he saw in the West Pennsylvania Hospital.

DR. C. A. L. REED stated that he had a case in which he felt sure that stone was induced by dilatation of the female urethra. In this case the little finger of an assistant was introduced into the urethra as a guide. As a result the patient had incontinence of urine for eight months, with a sacculated condition of the urethra in which concretions were formed. The patient had to be catheterized, and in so doing the stones were readily detected by the catheter. Five stones were pulled out of the urethra as large as the pit of an almond. He had never dilated in so young a case as the one reported by Dr. Oliver.

DR. HOLMES stated that one evening he was called to see a small boy, four years of age, who had great œdema of the scrotum. Examination of the urethra revealed a hard lump one inch from the meatus. This was removed with a pair of forceps, and proved to be an olive-shaped stone one-fourth of an inch long and three-sixteenths of an inch in diameter. He never saw the case afterwards.

DR. HOLMES reported a number of cases of

Acute Middle Ear Inflammation

Following attacks of influenza. He also stated that the number of ear cases had greatly increased during the past three weeks.

DISCUSSION.

DR. THORNER stated that these cases show that there are many complications in influenza. He himself had seen a number of cases of acute ear trouble that he attributed to influenza. From any ordinary coryza we have ear complications, and hence we should expect to find it in influenza. He has also seen a number of cases of epistaxis following la grippe.

Cancer of the Omentum.

DR. EDWIN RICKETTS reported a case of cancer of the omentum in which the progress of the disease was extremely rapid. The patient first began to complain about the middle of last November, and in the latter part of the same month first consulted a physician. The speaker saw the patient a week ago, and at that time the disease was so far advanced that he regarded any surgical interference as contra-indicated. Patient had emaciated very rapidly.

DR. C. A. L. REED reported the following case of

Vaginal Hysterectomy in Cancer of the Uterus.

Mrs. W. I., aged forty-two, mother of four children; had enjoyed good health up to seven months previous, when she noticed more or less constant flow, which she attributed to change of life. She finally consulted Dr. J. G. Reed, who diagnosed cancer of the cervix and advised immediate operation. This was submitted to on December 20, 1889. There were no special points of interest. The clamps were used instead of ligatures to the broad ligament. The patient rallied promptly and was dismissed in two weeks. The specimen which is exhibited herewith shows invasion of the cervix on the side of the endometrium to a point above the internal os; it is evident, however, that the

external surface of the cervix was not involved. The ultimate prognosis in the case is therefore favorable.

DISCUSSION.

DR. EDWIN RICKETTS: There is much to be gained in the eradication of cancer by vaginal hysterectomy. The time is not far distant when the high amputation of the cervix will be an operation of the past. He agrees with the essayist in performing vaginal hysterectomy in all cases of cancer of the uterus when the disease is confined to the uterus. He regards the use of the clamp as dirty surgery. By Schrader's method a staplature knot can easily be adjusted, and he always prefers to use this knot. He thinks Jones' speculum a very valuable instrument in these cases. He regards it better, after ligaturing the broad ligaments, to introduce a glass drainage-tube for a time.

DR. OLIVER asked the essayist how long before a patient can be called cured, or safe from a return of the growth.

DR. REED: Had not as yet been able to make up his mind on this point. The time has been placed at three years, but recurrence has taken place after three and after five years. We cannot set the minimum limit. The longer the time a patient goes without a recurrence, the better her chance.

DR. OLIVER: The observations of an investigator show that it very rarely occurs after three years, very often before three years. He has also stated that if the disease is removed and does not recur, it is not a malignant disease.

DR. TAYLOR: The essayist has suggested the best method, *i.e.*, experience. He does not agree with Dr. Ricketts in regard to the future of this operation. Everyone agrees that it is only a proper operation when the disease has not extended beyond the uterus. If the disease is not localized to the uterus, the operation is improper. If we were sure the disease is limited, we could feel that we could entirely remove the disease; but of this we cannot be sure. We are not to-day prepared to express an opinion. "To a scientific mind nothing is so incredible as to be impossible." We cannot set a limit as to what will

be. He did not think vaginal hysterectomy is to-day a success. What it may be in the future we cannot tell. One surgeon has successfully employed electrolysis in two hundred cases without a single death. He did not think vaginal hysterectomy is destined to any great future, but as the technique of the operation is improved it will become more safe.

DR. EICHBERG does not agree with the essayist in the opinion that cancer of the uterus is rarely accompanied with secondary deposits. He has seen two cases, post mortem, where secondary deposits had occurred.

DR. REED: The statement that because of recurrence in other localities it must therefore be true it will recur in cases of cancer of the uterus, is hardly tenable. The lymphatic activity in other parts of the body is very marked; not so in the uterus, however. He is fond of the clamps because they are clean surgery. They favor drainage. In a few cases it becomes necessary to use a glass drainage-tube, and in such cases it can readily be slipped in afterwards.

Meeting of February 4, 1890.

The President, C. R. HOLMES, M.D., in the Chair.

EDWARD S. STEVENS, M.D., Secretary.

DR. R. B. HALL presented specimens, with their histories, as follows:

I. Supra-Vaginal Hysterectomy for Soft Myoma.

The presence of this tumor was known six years ago. She menstruated too often and too frequently until about six months ago, when the bleeding became constant. Even rolling over in bed would bring on bleeding so profuse that she would be almost pulseless. She would be like a woman at the time of her menstrual period, except when a slight movement would provoke a gush of blood. She had great difficulty in defecation. She was willing to have anything done that was necessary, and the supra-vaginal operation was made. The pedicle was five and one-half inches thick, which was nar-

rowed down to one inch by the well-known Bantock method; this method he was certain has not received the attention which it merits. The ovaries were taken in the ropes and removed with the tumor. The patient is thoroughly convalescent now, though these cases do not recover as rapidly as the harder growths. This is the soft variety, and they continue to bleed even after the removal of the ovaries, and for this reason this is not a desirable operation. Last night the patient's temperature was 99.4°, and her pulses was 74.

II. Total Extirpation of the Uterus for Cancer.

The patient from whom this fresh specimen was obtained, is a woman, æt. 40, the mother of several children, the youngest of whom is nine years of age. She was slightly cachectic, had a watery discharge from the vagina. Upon the anterior lip of the cervix was a small nodule. This was curetted and nitric acid was applied. She was put upon tonics internally, iodoform and boracic acid locally. She was weighed at intervals and was losing flesh rapidly. She bled almost constantly. She was curetted four times. The speaker suspected malignancy, because of the way the tissue broke down under the scraping. No other parts were involved. He had had Dr. Holt examine the tissue, was pronounced it cancer. The high operation and total extirpation were discussed, and the family chose the latter, and it was done to-day.

As to the two operations, the speaker's opinion was in favor of total extirpation.

DISCUSSION.

DR. HOLT said that in examining the tissue in the second of the specimens presented, it had the appearance at first of adenoma, but later specimens had the characteristic features of carcinoma.

Abscess of the Liver.

DR. C. B. VAN ZANT reported the following case under his care: The patient was a woman, married, well-developed, but poorly nourished. For six weeks she had complained of pain

in the right hypochondrium, of fever and sweating. She was markedly jaundiced. Her liver was very much enlarged, extending from the sixth rib to the crest of the ilium. The spleen extended from the eighth rib to the crest of the ilium and to the outer border of the rectus muscle. The urine showed the presence of bile, no albumen, a low specific gravity. There was present a marked systolic murmur. The lungs were normal. The fever and sweats lead to the belief that there was a hepatic abscess, but he could not be sure without a puncture. The speaker made the first puncture in the mammillary line two weeks ago, with a negative result. The symptoms continued, and another puncture was made, but with the same result. Yesterday the patient experienced a sensation as of something giving way, and this was followed by a stool of pus. He did not know how to account for the enlarged spleen. Pressure upon the portal vein might account for it. A point of interest, the speaker said, was his failure to get pus, which was soon discharged spontaneously. But one is admonished that he is not always justified in believing that the diagnosis is wrong, because of the failure to get pus. The use of a larger exploring needle might have been followed by the desired result.

Œdema following Influenza.

DR. J. C. OLIVER spoke of recently having seen three cases of œdema of the lower extremities, all of the patients having influenza. There was no albumen in the urine in any of the cases. The œdema was of two, three, and four days' duration. A heart murmur developed during the existence of the œdema.

DR. STARK read a paper entitled:

Contraction of the Sacro-Uterine Ligaments (see p. 625),

adding, that, concerning treatment, he advised keeping the actions soft. He used the compound licorice powder, or an aloetic pill. If there was acute inflammation, he used Hunjadi water for a while. Every two days elevate the cervix and turn it towards the pubis,

and tampon the posterior fornix. Every third time he would paint the cervix with iodine. He continued this treatment for six weeks to three months.

DISCUSSION.

DR. R. B. HALL spoke of many of the old text books making no mention of this condition; except in connection with inflammatory troubles generally. It is difficult, as the essayist has said, to tell sometimes where inflammations begin, but we are getting to understand it better now—as in the case of pelvic peritonitis, for instance. For himself the speaker had rarely been able to diagnose inflammation confined to these ligaments; and had usually found that there is inflammation in some other part. He did not say that it does not exist, but his own experience has been that with these inflammations there are other conditions present. The speaker's experience was that these patients, while benefited by treatment, do not stay well. It is from this recurrence that the speaker is led to believe that some other tissue is involved.

DR. W. H. TAYLOR most heartily commended the essayist for what he had had to say as being the opinion of the present day. In the last few years the anatomy of the pelvis has been almost rewritten. The idea now is that there are not two, but one continuous broad ligament, and inflammation on one side is apt to travel to the other. The speaker agreed with Dr. Hall that the inflammation is not often confined to one focus. It is wrong to apply a pessary of any kind unless you know just what has caused the trouble. You must treat the condition. With regard to the treatment, he agreed with a part of the essayist's method. He believed that free purgation is an important factor in these inflammations. Packing of the vagina with purified wool promotes absorption.

DR. CHAS. A. L. REED has generally been in the habit of looking at displacements as the first condition. Inflammatory troubles are the initial cause. There do exist cases where you find points of tenderness. We should remember that the tension is exerted over the sacral plexus. In many of these

cases an infected Fallopian tube is the focus for the peritoneal tenderness. The speaker heartily concurred in the treatment described. It is the routine treatment that most of us employ. One method of treatment is that of massage. It hastens absorption, and by gentle manipulation the tissues can be brought under control.

DR. STARK said he would like to allude again to something mentioned in the essay, namely, the localization of inflammation in the folds by pessaries. He spoke of a woman who had worn a retroversion pessary for eight or nine years. There was a large ulcer in the fornix. There was marked sensitiveness with convexity in the region of these ligaments. It was certainly limited to the sacro-uterine folds.

ANTIPYRINE IN MENSTRUAL COLIC.

Antipyrine has, of late, been given in cases of uterine colic and cramps, occurring during menstruation, with excellent results. The drug is administered in the form of a clysma in a single thirty-grain dose. The sedative action is observed in about half an hour; in some cases a repetition of the dose is called for in twelve hours. Dr. Windelschmidt (*München. Med. Wochenschrift*, Aug. 20, 1889) has used this treatment in a number of cases, and always with satisfactory results. Usually a slight hypnotic action seemed to be also exerted by the drug. Other unpleasant accompanying symptoms, aside from sweating and slight ischuria, were not observed.

—*N. O. Med. and Surgical Journal.*

PHYSICIANS desiring microscopic examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Selections.

ACUTE MANIA FOLLOWING THE ENUCLEATION OF AN EYE.

F. B., aged thirty-five, carpenter, was struck in the left eye, on September 30 last, by a spike six inches long, rupturing the eye at the inner sclero-corneal junction, and also at the insertion of the external rectus. I saw him late in the afternoon of October 1. The whole organ was greatly inflamed, the chemotic conjunctiva, even at this early stage, overlapping the cornea. I advised immediate enucleation, which was done early on the morning of October 2, quite a good deal of hemorrhage following. The instruments were washed in boiled carbolized water, the sponges put in boiled water and hyd. bi-chlo., and the eye dressed with iodoform. The spike he was struck with was very dirty and rusty, and the patient fell on his face in the dirt when he was struck; he was brought home with a dirty cotton handkerchief of a fellow-workman over his eye. October 3 there was great swelling of the parts, with great pain, and the patient was controlled with much difficulty; he imagined he was from home, and some one wished to force him to join the church. Morph. snlph. was given him hypodermically and by the mouth. October 5 he was very violent; the parts were very tense. Pot. brom., in large doses, was added to the morphine. He would allow no local applications to be made. Drs. Mason and Cartledge were asked to see the patient with me. Thinking the morphine had something to do with his present condition, bromidia was given in teaspoonful doses, every one, two, or three hours, until October 8. This failing to quiet him, the morphine had to be used again occasionally. Sometimes it required four or five men to hold him in his bed. He recognized no one; endeavored to do violence to his wife. October 13 I gave him hydrobromate of hyoscine, gr. 1-100th four times a day. Just at this time the inflammation began to subside and his mind to clear up. During his

illness his pulse and temperature were both normal, except the afternoons of October 10 and 11, when the former was 96 and the latter 99.8°. The patient was discharged October 20, well. — CHEATHAM, *Archives of Ophthalmology*, No. 1, 1890.

ADENOID VEGETATIONS.

Dr. Renner (*Buffalo Med. and Surg. Jour.*) concludes:

1. Always suspect adenoid vegetations in children under fifteen with nasal obstruction, and do not forget their frequency in cases under twenty.

2. Defective vocal resonance, middle ear disease, and hypertrophied tonsils in children are generally due to, or associated with adenoid growths.

3. Failure to benefit middle ear disease by removing the faucial tonsils is often due to the presence of adenoids.

4. Much chronic ear trouble might be prevented by the early removal of these growths, and percentage of deaf mutes might be perceptibly diminished by early attention to the condition of the naso-pharynx.

5. While the late operation greatly improves the general health, or ear trouble, early operation would obviate many cases of both.

6. The condition of the naso-pharynx should be carefully watched after attacks of diphtheria, scarlet fever, etc.

7. Early recognition of naso-pharyngeal obstruction rests with the family physician, not with the specialist who only meets these cases after the manifestations are marked and more or less serious.

8. Physicians should not encourage the idea, although perfectly true, that the patient will outgrow this trouble, for that only occurs in many cases after much serious harm has been produced by it.—*Medical Standard*.

LUNAR CAUSTIC IN BLEEDING OTORRHOEA.

A few days ago I began to treat a boy, who had had otorrhœa from one ear for a long time. The discharge was

profuse and extremely offensive. The history showed that the ear often bled quite freely. Any disturbance of the ear, as by wiping or washing, caused more or less bleeding. I was not surprised to see considerable hæmorrhage when I syringed the organ, but was much surprised at the persistency of the bleeding. I would wipe it out with cotton and the blood would at once well up from the bottom, filling the meatus in a few moments. After wiping out the blood repeatedly and not noticing any diminution, I twisted a little cotton on the end of a probe, stuck it into a strong solution of lunar caustic (30 grains to ounce), and, passing it down to the bottom of the ear, gently swabbed it around. This stopped the hæmorrhage at once. When I removed the blood, clotted and blackened by the remedy, I found extensive soft fungous granulations, filling the drum-space, the membrane having been destroyed. These I cauterized still more freely by shaving down a stick of caustic, twisting cotton on the probe, wetting it, touching it to the powdered caustic, and then touching it directly to the fungous granulations. After syringing the ear next day I discovered a small polypus projecting from one side of the drum. This I touched with a particle of chromic acid by means of a stick, and applied boracic acid in the usual way. All suppuration ceased within three days. This is a very rapid cure of that kind of trouble. Lunar caustic is a most valuable remedy in bleeding otorrhœa. The cause of the hæmorrhage is always fungous or polypoid growths. The caustic causes practically no pain. —WILLIAMS, *St. Louis Med. and Surg. Journal*.

FOREIGN BODIES IN THE NOSE.

IT is a common occurrence for children to get beans, grains of corn, and other foreign substances up their nose. This simple remedy is worth remembering: Get the child to open its mouth, apply your mouth over it, and blow hard. The offending substance will be expelled from its nose.

—*Medical Classics*.


THE CINCINNATI LANCET-CLINIC:

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, May 24, 1890.

The Week.

THE AMERICAN MEDICAL ASSOCIATION.

EDITORS' MEETING.

The opening of the forty-first annual meeting of the American Medical Association, was immediately preceded by the gathering of medical editors, which took place on Monday evening, May 19, 1890, at Nashville, Tenn.

The meeting was fairly well attended, and called to order by Dr. C. S. Briggs, of the *Nashville Medical and Surgical Journal*.

Dr. J. Berien Lindsay delivered an address of welcome, in which he characterized the medical editor as the pioneer of the medical profession, going before and blazing the way for the great army of scientists that follow. The comparison was happily made and happily presented.

The President, Dr. I. N. Love, of the *St. Louis Mirror*, was then presented, and delivered the following scholarly address:

Fellow Editors: It is needless for me to attempt to express my apprecia-

tion of your having chosen me to preside over your honorable body. An organization which includes in its membership the editorial representatives of the leading medical journals of America is one over which any man might feel proud to preside, even though conscious of the fact that the kindly regard of cordial friends had more to do with his selection than special fitness or marked editorial ability. I shall not weary you with a lengthy address, as there are numerous able papers to follow which will prove more interesting, but I have decided to throw out, not in an advisory way, but merely as suggestions, a few points which I trust will not prove completely stale and unprofitable.

It would be more interesting than gainful for me to present to you a history of the progress of medical journalism from 1686, the year which gave birth to the first medical journal, down to the present day. I am safe in saying that medical journalism has kept pace with the advancement in other directions. The printed sheets, published at stated intervals, devoted chiefly to intelligence on current events, appearing under the name of newspapers in the early part of the seventeenth century, were mostly in the form of weekly news letters, which only the aristocracy could afford. But from this small beginning has been evolved the metropolitan daily paper, appearing once or twice, or half a dozen times a day, selling for a song, purchased by the millions, and he who runs may read what happens from one end of the world to the other.

Has the medical journal followed the pace set by the secular press? I will answer "yes" and "no." However, taken in their entirety and completeness, I believe the medical journals of the world may be credited with having kept in line with the progress of the journalistic procession. The current advances of the profession, the achievements of the medical world's best workers, have been faithfully recorded and promptly presented. The negative side of the question confronts us when we consider whether the medical journal has, like his brother of the secular press, kept his finger on the pulse of those he serves.

Has he properly considered their tastes, their capacities? Has he studied their needs, has he sufficiently mingled with the masses whom he has been desirous of feeding? In general, has he not been inclined, like the Pythian Priest in the Temple of Apollo, to sit upon his tripod—with his tripod upon stilts—and deeming himself and his views even more thoroughly oracular than the Delphic one of old?

In secular affairs the panorama moves so rapidly that the journalistic music must be appropriately fast, just as fast as possible within the limits of harmonical sounds. The actions of men, the affairs of commerce, the interests of church and state, the ups and downs of the world at large, must be known by the reading masses before entering upon the various duties of the day.

But science, hygiene, sanitation, the dreary routine of the doctor's life, the needs of humanity, the interest involved, are, in the aggregate, against the too frequent appearance of the medical journal. The daily medical journal, in spite of the fact that the medical procession is moving more rapidly than ever, would be, in the nature of things, an absurdity. Thoughts, suggestions, inventions and discoveries are coming in rapid array, but in view of the fact that they pertain to the most serious of all earthly affairs, they must be weighed in the balance and found worthy, and not skyrocketed upon the medical horizon like the sensational gossip which gives zest to the morning meal.

At this point the query presents itself: How often should the medical journal make its appearance? I answer, just as often as its equipment may enable it to present well-digested facts in good form for ready assimilation by its readers, bearing in mind that the doctor's life is a monotonous round of drudgery; in the majority of cases, nine months out of twelve, his "day's work" is never done. On the "go" from sixteen to eighteen of the twenty-four hours, the doctor, if he receives a journal too often, will see and read about one copy in four; the other three will remain in their wrappers.

He who sits in his sanctum delving

in science, looking through the small end of a microscope (seeing that which to the average eye is an unopened book), who daily walks through the valley and the shadow, and on the mountain top of science as well, may well feel that the ideal medical journal should deal in nothing but cold facts; should be severely and serenely scientific; that if it is anything else then learned and logical, strong and heroic, heavy with the accumulations of thoughts thrown out by theoretical authorities, it is undignified and unscientific.

They who are able to grasp such a journal are the upper "four hundred," who have not thought beyond that which is perfect, and are learnedly angelic; but when it comes to presenting this Saturnine production to the masses of the profession, it will be more than likely a cold dish. Not that they are not qualified to appreciate it, but that they are too busy. They are in the world and of it. They are practical workers, many of them as I said before, either in the saddle or in the sulky, in the buggy or in the brougham, behind one or more of man's most faithful slaves, engaged in the effort to relieve suffering humanity. Four nights out of five they are unable to sleep in their own homes, and hardly have sufficient time to get acquainted with the individual members of their own families. They are all anxious to keep up with the procession of the sciences, ready to pick up crumbs of information and knowledge wherever available; but certainly in no humor to grasp one of the ideally perfect journals and wade through long, labored and learned theses, turned out after months of work by the scientifically plu-perfect. These practical workers, these slaves to a horde of suffering tyrants, want meat and drink, nutrition and stimulation, which is available, and which they can pick up by the wayside, by fits and starts.

In my judgment the best journal is the one which can present a fair epitome of the results achieved by the bacteriological, chemical, anatomical, physiological, pathological and the clinical workers; in fact, I think that the

best journal is the one which furnishes matter within the scope of all, on the principle that he does the most good who does the greatest good to the greatest number. Of course, there can be no doubt but that the special journal, heavy with science, comes within the reach of only a few; and those who conduct it should not feel that it is any better because more exclusive than the more varied, practical, democratic and generally useful journal which caters to a larger number. I feel that every worker in the medical field should be induced to contribute his mite to the fund of knowledge.

There are those who have been long out of the scholastic groove, working as slaves in the ranks of experience. The habit of jotting down their thoughts and ideas has long been broken. If called upon to contribute an article for a journal, the product, viewed from the standpoint of the schools, might fall far short of perfection; but that it would be valuable I am sure cannot be denied. We often hear the announcement made by medical men that they will never write except they have something absolutely original. We must remember that by knowing the views and the work of other men, even though the record be commonplace, do we accomplish the crystallization of our own knowledge. It is well to bear in mind, too, that the good and the true will bear repetition and are seldom strikingly new.

What we want is the recorded observation of the workers in the medical vineyard. Men who hibernate in their closets and indulge in day dreams may evolve, by means of the proper equipment for scientific investigation, that which is of value; but the practical worker can apply these deductions and test them in the severe school of experience; and we need just such evidence as these practical workers can give. I claim, too, that the medical journal should be constantly on the lookout to present all that is of interest to the medical guild; ever alert to advance their material good; striving in the direction of the complete organization of its members.

Under the existing condition of medical journalism in America, I am strong in the conviction that there is no justification for any medical body possessing itself of an official organ, save and except the American Medical Association. In the nature of things it is proper that the national representative body of the profession should be officially represented by a journal. And it should be the duty of that journal to work in harmony with all the various medical journals of America. It is fortunate for the American Medical Association that its official organ has been in such good hands.

Regarding journals which serve in the capacity of official organs to State, district, county and city societies, medical colleges, instrument houses, publication houses, etc., I am of the opinion, not that they lag superfluous on the stage, but that their influence and usefulness can be but limited. However, I am firm in the belief that these and all other medical journals, so long as they spread knowledge, are productive of good.

We often hear the statement that there are too many medical journals; but it is no more true than is the statement that there are too many doctors or workers in other fields. As long as good work is done and the governing thought of the worker is the accomplishment of the general good, there cannot be too many workers either in journalism or any other field. The inexorable law of the survival of the fittest will obtain and solve the problem here as elsewhere.

I have thought for several years that this National Association of Medical Editors, meeting as it does annually the evening preceding the first day's session of the American Medical Association, should extend its work to the degree of having a session of one or two hours, say from 8 to 10 a.m., each day that the American Medical Association is convened. By having the several sessions the members would be brought together oftener and more intimately, and any topic of vital import to our craft could be carefully considered and conclusions reached which would have a far-reach-

ing effect upon the journal and the profession.

I would not presume to advise this body, and yet I cannot refrain from announcing as my belief that every medical editor in America who is loyal to the best interests of his profession and himself will not only attend the annual meetings of the Medical Editors' Association, but will never fail to be present at the meetings of the American Medical Association, and urge the profession of the entire Union to join and attend this grand representative body. Let us never lose sight of the fact that the editor who mingles most with doctors is the best qualified to know their needs. Let us not, as medical journalists, throw overboard from our vessels the ballast of sound, judicious "Conservatism"—a discreet desire to present solid scientific sustenance to our subscribers, but may we not take the cue from the daily newspapers to the extent of giving proper variety to our patrons? Let us try to lead our professional brethren in correct directions, but may we not occasionally, in fact, frequently, follow their leadership? Let us bear in mind the many carping cares constantly crowding into the doctor's life, and while we try to present entire loaves of scientific food, let us ever and anon throw in all the crumbs of comfort we can. Let us remember that a little wit, gaiety, and even nonsense now and then are relished by the best of men. Charles Dudley Warner recently remarked that it is better to be dead than dull.

Let us try to be neither dead nor dull, but let us be saturated with a desire to improve, advance and inspire our readers with a determination to do the best work in their power for humanity and the profession. Let us strive to make the uppermost thoughts of our editorial lives those connected with science, humanity, charity, business thrift, brotherly kindness and cheerfulness.

Following the President's address, Dr. F. L. Sims, of Memphis, editor of the *Memphis Medical Monthly*, read a paper on "The Needs of Journalism."

The paper was an interesting one,

urging the medical editors to avoid the evils of the secular press, and at the same time to emulate their enterprise. Dr. Sims was in favor of pruning, polishing and publishing contributions from the rank and file of the medical profession. He thought the experience of the humble practitioner worth much. He deprecated personal journalism, but favored a fearless exposure of unprofessional practices. Especially did he object to an editor advertising himself in his pet specialty in his own journal, and to the practices of the bogus editor who sends advertising matter under the name of news journals, in order to get reduced postage.

The paper concluded with a laughable and well received climax.

Dr. William C. Wile, editor New England *Medical Monthly*, for his committee reported favorably for membership the following names: Dr. A. K. Hills, editor New York *Medical Journal*; Dr. B. W. Palmer, editor *Medical Age*; Dr. Ferdinand King, editor New York *International Journal of Surgery*; G. F. Lydston and B. Lewis, St. Louis; F. M. Dickinson, Fort Scott, Kan.; R. M. C. Hill, W. L. Shenck, J. E. Mining, J. H. Thompson, and W. H. Daly; Hal C. Wyman, Detroit; Dr. Baker, Cleveland, O., and C. S. Briggs and A. Morrison, Nashville.

The report was adopted and the new members enrolled. However, Dr. Wile, in reporting the name of Dr. A. K. Hills, formerly editor of the New York *Homeopathic Medical Journal*, stated that within the past year Dr. Hills had announced his renunciation of homeopathy, had removed the title from his journal and declared his belief that the theory and teachings of Hahneman are false and untenable. This announcement was received with much applause, President Love declaring it a great victory for the ancient and honorable doctrines of true medical science.

Dr. T. D. Crothers, Hartford, Conn., editor *Quarterly Journal of Inebriety*, next read an able and instructive paper, "The Progress of Medical Literature," showing that all the energy and enthusiasm of the past and present is but preliminary to the great work that

awaits the earnest and honest toilers in the ever broadening field that stretches before advancing and conquering medical science. Each new journal brings with it new writers, new aspirations, new channels of thought and endeavor toward the accurate knowledge of diseases and their treatment. The whole drift of American medical journalism is toward a higher type, improved methods and the rousing to revolution the true lover of medical science. The evolutionary march in medical journals is nowhere more noticeable than in this country, and they will either lead the march of medical science or be crushed out. Journalism is unconsciously leading all medical literature, is a contemporaneous history of the drift of science, demands new growth each year, and its devotees must be up to and equal to the demand.

The following committee was appointed to nominate officers for the association for the ensuing year: Dr. John V. Shoemaker, Philadelphia; Dr. Arch Dixon, Henderson, Ky., and Dr. Wm. Porter, St. Louis.

During the retirement of this committee President Love announced that discussion of papers read was in order, but urged brevity, because the hour for the Association's annual banquet had arrived. He called upon the Nestor of Medical Science, Dr. N. S. Davis, of Chicago, for his views. The latter responded, indorsing Dr. Sim's paper, but as to that of Dr. Crothers, thought that, although the present tendency is to seek medical scientific information first in the medical journals, then in pamphlet and book form, and while this may be the legitimate channel for such information, urged that we, as Americans, are too prone to ignore the past, and too prone sometimes to regard, as novelties, some things which were known in America more than half a century ago.

Dr. J. C. Culbertson, of Cincinnati, thought that medical journalism would not reach its manifest destiny until it becomes as much of a specialty and so recognized as is ophthalmology or gynecology. Editorial work on a medical journal demands special and con-

stant attention. The medical practitioner cannot pay equal attention to his practice and his journal, one or the other must be neglected.

Dr. Shoemaker, from his committee, reported for President, Dr. F. L. Sims, Memphis; Vice President, Dr. Frank Woodbury, Philadelphia; Secretary and Treasurer, Dr. J. C. Culbertson. The report was unanimously adopted, and they were elected by acclamation, each gentleman responding in acceptance briefly, but happily.

Dr. N. S. Davis suggested as questions for the Association to consider at their next meeting the following:

1. What has been the real effect of the rapid increase of free hospitals and dispensaries in all the larger cities, ostensibly for the care and treatment of the sick poor during the last twenty-five or thirty years; first, upon the poor, and second, upon the people as a whole?

2. What has been the effect upon the real interest of the medical profession?

3. What are the duties of those controlling the medical press relating to the foregoing questions?

Resolved, That the consideration of the foregoing questions be referred to a committee of three, to be appointed by the President, with instructions to report at the next annual meeting of this association.

The foregoing was adopted and the following committee appointed: Dr. N. S. Davis, Chicago; Dr. Frank Woodbury, Philadelphia, and Dr. John B. Hamilton, Washington, D. C.

The convention then adjourned.

THE ASSOCIATION.

THE FIRST DAY'S SESSION,

Tuesday morning, was opened in the Vendome Theatre, by Dr. C. S. Briggs, Chairman of the local Committee of Arrangements, who made an address of welcome on the part of the profession of the city and State, telling his audience of the meeting of this body held in Nashville thirty-three years ago, drawing lines of comparison showing that while the city had grown wonderfully within that time the American Medical Association had kept pace in both scientific attainments and numbers,

and welcoming his audience in fitting terms to the homes of the profession of this city.

In the absence of the Governor, the Hon. Thos. D. Craighead, on the part of the State, delivered an address of welcome.

Hon. C. P. McCarver, Mayor of Nashville, extended a hearty welcome.

Dr. E. M. Moore, the President of the Association, then delivered the annual address. This was a disappointment to most of the members, who anticipated some happy reflections on the art of surgery, where Dr. Moore had achieved his professional reputation. Instead, they were regaled with a long dissertation absolutely and wholly made up from cullings from the musty volumes of the *Congressional Record*. As long as we can remember we have heard tell of the *Congressional Record*, but never before realized that it had a use or was ever referred to by men who made any sort of claims to scientific erudition.

The subject title, "Hygiene in its Relation to the Government," was a pertinent one for the occasion, and if delivered by a known sanitarian would have been extremely useful, and could have shown the wonderful work that has been and is being done in this domain; but to listen for more than an hour to the reading of extracts from the *Congressional Record* was wearisome in the superlative degree.

It seemed to the writer that a lesson should have been learned, in that the election of a man, no matter what his standing and reputation of half a century ago may have been, but who is now past four score and with his second sight, is utterly out of place as the presiding officer over a large representative body. This was illustrated not only in the character of his address, but when

called upon to make rulings from the chair he was easily and continuously confused, and in childish desperation would proclaim his ignorance of parliamentary usage and laws. On the second day this was so prominent a feature of the occasion as to produce feelings of the most intense disgust and outrage.

After the trustees of the Association journal had made their report, Dr. C. G. Comegys offered a resolution that had for its purpose the elevation and improvement of that publication. The doctor had first read it to the trustees and had their cordial approval of his action. The resolution was evidently not heard or understood by a prominent member of the Association, but the spirit seemed to move him to rise to denounce what he knew nothing about, and get off a spread-eagle oration of the wondrous work of the editors and managers of that publication, lauding the whole thing to the highest point in the starry sphere. As he took his seat a voice was heard proclaiming a motion to lay the resolution on the table. Those who heard the resolution voted no, while the larger number fell in with the error and voted aye.

The President, in the most brutal and outrageous manner, would not allow Dr. Comegys to make an explanation or speak to a question of privilege, not knowing that the humblest member of any body had that inalienable right. To relieve the humiliating condition and turmoil that was beginning to manifest itself, Dr. N. S. Davis, as usual, came to the front, and without motion, resolution or aught else but the bare fact that he was Dr. N. S. Davis, harangued the Association on the labor that he had given the Association Journal. In the eyes of the octogenarian President, that was all in order, and of the purest gospel proceeding.

The like of such doings we never before witnessed, and hope never to again in a scientific and professional organization.

The hotels are over-crowded with less than six hundred delegates. This is atoned for by the characteristic hospitality of the people, which is ample, open-handed and generous to the fullest extent. A reception at the Capital on Tuesday evening brought out the youth and radiant beauty of the city, and apparently of the entire State.

Wednesday evening receptions were held at the residences of Dr. Briggs, Judge Whitworth and Prof. Hancock, of Ward Seminary. This latter was something unique. A welcome was given by some three hundred lady pupils, every one acting fully as a host of the occasion, conducting their guests through parlors filled with tropic flowers, of which notably the magnolias were the finest we ever saw.

These fair maidens displayed their social education in the most felicitous manner, taking us through school rooms and halls, where some were making melody in chorus and song; thence to and through the art rooms, where very creditable work was exhibited.

The reception at Dr. Briggs was—well, to describe its splendor, would be to tell of oriental glory, magnificence and beauty. The same may be said of that at Judge Whitworth's.

The social features of the occasion seem to be almost entirely in the hands of the ladies. And right royally have they done their part, and deserve unstinted praise.

The section work is equal to that of former years. That in ophthalmology will make a record away up, and this will be a delight to the specialists in that department.

Next year the Association will meet

in San Francisco, and Dr. C. S. Briggs is elected President. It is sincerely to be hoped that the unfortunate lessons of this meeting will not be repeated, but such rackings as experienced here will do much to wreck this old and stately ship, of which some of us have had so much pride and hope. c

PRINCE BISMARCK AND HIS PHYSICIAN.

A characteristic anecdote is told of the interview of the Prince whose nod once made Europe quake, with a young doctor who had been called in to attend this irascible potentate. *Secundum artem* the doctor began to ask his patient numerous questions as to his habits of life, etc., when the latter, with a sudden outburst of impatience, exclaimed, "Oh, be off, I don't like doctors who ask so many questions." The physician naturally took his leave, but, on reaching the door, gave the Prince a word of advice, to the effect that he had better apply to a veterinary surgeon, he being the only man who asked his patients no questions.

—*Med. Press and Circular.*

FOTHERGILL says: A medical man has no right to alarm a person by announcing Bright's disease, merely on the discovery of albumen in his urine. It is as unjustifiable as to inform a man his house is afire merely because his chimney is ablaze. Before saying anything to the patient, the urine should be carefully searched for tube-casts, and if they are discovered, the announcement is justifiable, but not until then.

—*N. Y. Med. Times.*

GONORRHOEA IN THE FEMALE.—To diagnose with certainty gonorrhœa in the female, remember the pus of specific vaginitis is alkaline. Litmus paper will instantly decide.

—CHAPMAN, *Medical Era.*

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending May 16, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid fever.		Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	16	...	...	...	5	...	...	...	...	...	...	...
2.....	...	...	1	...	...	...	...	...	...	...	...	...
3.....	...	...	...	...	1	...	...	...	...	...	...	...
4.....	4	1	...	...	...	...	1	1	...	...	...	...
5.....	3	...	...	...	...	...	...	...	...	...	...	...
6.....	1	...	1	...	...	...	...	...	...	...	...	...
7.....	...	...	...	...	...	...	...	...	...	...	...	...
8.....	1	...	...	...	...	...	...	...	...	...	...	...
9.....	...	...	...	...	...	...	...	...	...	...	...	...
10.....	1	...	...	...	1	...	1	1	1	...	...	...
11.....	1	...	...	...	...	...	...	1	...	...	...	...
12.....	6	...	1	...	...	...	1	...	1	...	...	...
13.....	1	...	1	...	...	...	...	...	...	...	1	...
14.....	1	...	...	...	...	...	3	1	...	...	...	...
15.....	...	...	1	...	...	...	1	...	1	...	...	...
16.....	2	...	...	...	...	...	...	...	...	...	...	...
17.....	...	...	1	...	1	...	...	...	...	...	...	...
18.....	1	...	...	...	...	...	2	...	...	...	...	...
19.....	...	...	...	...	...	...	...	...	...	...	...	...
20.....	...	...	1	...	...	...	...	...	...	...	...	...
21.....	...	...	...	...	...	...	...	...	...	...	...	...
22.....	...	...	...	...	...	...	2	1	1	...	...	...
23.....	...	...	...	...	2	...	1	...	...	...	...	...
24.....	...	...	3	...	...	...	1	...	...	...	...	...
25.....	...	...	...	...	...	...	...	...	...	...	...	5
26.....	33	...	...	...	...	...	...	...	...	...	...	...
27.....	...	...	...	...	...	...	2	...	...	...	...	...
28.....	...	...	...	...	...	...	2	2	...	...	...	...
29.....	...	...	...	...	...	...	...	...	...	...	...	...
30.....	...	...	...	...	...	...	2	...	...	...	...	...
Cin. Hosp.	...	...	...	...	...	...	...	...	...	...	...	...
Good Sam. Hosp.	...	...	...	...	...	...	...	...	...	...	...	...
Totals	71	1	10	0	10	0	20	7	4	1	0	0
Last week.	36	5	3	0	10	3	25	9	0	0	2	2

The following is the mortality report for the week ending May 17, 1890.

Croup.....	2
Cerebro-Spinal Meningitis.....	3
Diarrhœa.....	3
Diphtheria.....	7
Measles.....	1
Puerperal Fever.....	1
Typhoid Fever.....	5
Other Zymotic Diseases.....	0-22
Cancer.....	1
Consumption.....	18
Other Constitutional Diseases.....	0-19

Apoplexy	5
Bright's Disease	2
Bronchitis	9
Convulsions	4
Gastritis	3
Heart Disease	11
Meningitis	5
Pneumonia	15
Other Local Diseases	14-68
Deaths from Developmental Diseases	7
Deaths from Violence	2
Deaths from all Causes	118
Annual Death-rate per 1,000	18.88
Deaths for corresponding week in 1889	134
Deaths for corresponding week in 1888	103
Deaths under 5 years	39
Deaths under 1 year	20

J. W. PRENDERGAST, M.D.,
Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 56 cities and towns during the week ending May 16, 1890:

Diphtheria: Cincinnati, 20 cases, 7 deaths; Toledo, 7 cases, 3 deaths; Cleveland, 5 cases, 3 deaths; Columbus, 5 cases; Wooster and New Vienna, each 4 cases, 1 death; Findlay, 4 cases; Xenia, Wellington and Chillicothe, each 3 cases; Madisonville, 2 cases, 1 death; 1 case in each of the following towns: Massillon, Lima, Geneva, Milford, Middletown, Springfield, Urbana and Lorain; Utica, 1 case, 1 death.

Scarlet Fever: Cincinnati, 10 cases; Columbus, 9 cases; Cleveland, 6 cases; Toledo 4 cases; Wooster, 3 cases; Chillicothe, 3 cases, 1 death; Massillon, Geneva, Springfield and New London, each 2 cases; 2 cases near Madisonville; 1 case in each of the following towns: Kent, Lorain, Uhrichsville, Washington C.H., Norwalk and Versailles.

Typhoid Fever: Cleveland, 5 cases, 2 deaths; Cincinnati, 4 deaths; Fostoria, 2 cases; Toledo, 1 death; Brookfield and Crestline, each 1 case.

Whooping-Cough: Ada, 12 cases; Cincinnati, 10 cases; Bloomingburg, 6 cases.

Measles: Cincinnati, 71 cases, 1 death; Cuyahoga Falls, 20 cases; Warren, 14 cases; Middletown, 13 cases, 1 death; Garrettsville, 12 cases; Conneaut, 10 cases; Massillon, 5 cases; Lorain, 5 cases; Springfield, 2 cases; Arcanum, 3 cases; Youngstown, Findlay and Versailles, 1 case each.

The following places report no infectious diseases present: Beverly, Edison, New Carlisle, Defiance, Bainbridge, Springboro, Smithville, Richwood, Zanesville, Felicity, Bloomville, New Concord, and Wabash and Pike Tps.

C. O. PROBST, M.D., Secretary.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in zymotic diseases.

MISCELLANY.

CAFFEINE.

For some time past an increased attention has been paid to the vegetable alkaloids and their effects on the human organism. But much yet remains to be done even with those alkaloids of which physiologists know something definite, before they can be utilized to the fullest extent as drugs. Caffeine is an instance in point. We know that this alkaloid has a powerful effect on the heart, nerves, muscles, and digestive organs, and many of us have held that caffeine ought to become a most valuable addition to our Pharmacopœia. As yet, however, physicians have not become sufficiently acquainted with it to acknowledge its great value. It is, therefore, with pleasure that we learn that M. Germain Sée, of the Académie de Médecine of Paris, assisted by M. Lapique, has been actively engaged on a series of experiments with caffeine. Now it may not be out of place to call to our readers' minds that this powerful alkaloid caffeine is common to coffee, tea, the kola nut, the coca, the maté, and guarano plants, and is also found, under a slightly modified form, in the cocoa bean and leaf. All these plants, it must also be remembered, are highly valued by the natives of the lands in which they grow as recognized agents for the recuperation of exhausted human beings, and as a means to enable anyone to perform all kinds of labor and exercise while fasting. Seeing that all these plants are used in various parts of the world for a similar purpose, we might naturally suppose that they had something in common, and so it proves, for, as we have already said, they contain the alkaloid caffeine. M. Germain Sée, wishing to obtain positive results, made use of only the pure caffeine. As a result he finds that the alkaloid acts somewhat differently with different people; for some are affected in the muscular system, others in the nervous, and yet others only in the digestive organs. It would seem that caffeine acts as a restorative and as a stimulant. It does not seem to preserve the tissues of the

human organism from waste, but stimulates them to further action, and by enabling the system to make better and more thorough use of the elements brought in by the blood for the building up of cell tissue, acts with equal vigor and effect on the healthy, well-fed individual and the weakly and starving. Of its actual mode of action on the heart and circulatory system, M. Germain Sée is not yet in a position to speak with positive assurance. Among the experiments tried was the giving to men and youths from thirty to fifty centigrammes of caffeine. This same dose was given to men who were in good health and taking their usual quality and amount of food, and also to men who had been fasting for some time. These men after the dose underwent long forced marches. It was found that they had all been able to perform this unusual (to them) exercise with perfect ease. As a further test, men were given a dose of caffeine and then put through violent exercise, and then their hearts and lungs were tested with the Marey pneumonograph. It was found that the heart beat was regular, the blood circulated freely, and the lungs acted without effort. Thus this small dose of caffeine did away with the unpleasant and often dangerous quick heart-beats, the rushes of blood, and the spasmodic breathing so commonly experienced by untrained persons after any violent exercise. As M. Germain Sée says, this enables him to maintain that caffeine places the untrained man on a level with those who have gone through a long course of elaborate training. It is noticeable that these results were obtained both with the well-fed and the fasting man. Caffeine, in fact, enables the healthy man to prepare himself for sudden hard work or fatigue of any kind, even permitting him to take prolonged marches without food, and enables the starving man to regain strength for a supreme effort or a long further fast, simply by taking caffeine. We know that these results have been, and are, constantly attained by natives of America, Africa, and Asia, who take the vegetables or their infusions containing the alkaloid in a crude state;

but now we see what wonders can be done with the pure alkaloid. We may here mention that the French troops in Marseilles are experimenting with a cake of kola-nut as a preparation for fatiguing exercises and forced marches. These experiments are being carried out under the able supervision of Professor Heckel. In drawing our readers' attention to these two very interesting series of experiments, we wish to point out their great value to mankind. For undoubtedly we have here an almost magic treasure within our reach, enabling us to do wonderful work and to resist the evil effects of starvation. Who can doubt the use of this to the soldiers, to sailors, miners, and others? Now we believe that the caffeine is only one of a host of invaluable alkaloids awaiting the investigation of chemists and physiologists. Another point may be mentioned. It is one thing to find out an alkaloid and prove its utility, but quite another thing to bring it within the circle of practical everyday use of even scientific therapeutics. These powerful alkaloids must be presented to the medical faculty and the public in such a form as to enable of their ready and safe use; there is, therefore, a large field open here for research, experiment, and invention. Who, then, can doubt that the alkaloids of vegetable origin open up a very wide, profitable, and glorious vista to practical scientific inquirers?

—*Med. Press and Circular.*

CLASMATOCYTES—A NEW FUNCTION OF LEUCOCYTES.

This word, derived from *klasma*, a fragment, and *kutos*, an element, is one used by Prof. Ranvier, of the Collège de France, to designate certain elements, observable without difficulty, with moderate amplifications, in connective membranes of the vertebrates when prepared as follows:

The membrane (the great epiploon of mammals, mesentery of the urodele batrachians, etc.), being suitably stretched upon a glass slip, let fall on the surface a few drops of a one per cent. solution of osmic acid and leave in

contact for a couple of minutes, at the expiration of which wash in distilled water and stain with a dilute solution of methyl violet ⁽¹⁾ (one part of the concentrated 25 per cent. alcoholic solution to 10 parts distilled water). The elements stain rapidly providing the osmic acid has not been allowed to remain too long in contact with them. The membrane is now ready for examination. As glycerine produces diffusion of the stain it is best to examine at once while still in contact with the stain (applying a cover glass of course).

It is in the class of urodele batrachians (spotted salamander, crested triton, etc.), that the clasmatoocytes arrive at their greatest dimensions and present the most pronounced specific characters. Here they appear as fusiform or branched cells sometimes of a millimetre in length, truly colossal cells! The methyl violet colors them a lively reddish blue and they thus present a very striking appearance. The nuclei are more feebly colored than the protoplasm. The prolongations are either simple or ramified, but unlike those of pigment cells which are frequently observed in the field of the microscope along side them, they never anastomose to form a reticulum. Their course is more or less sinuous and they are alternately projecting or retreating (moniliform). The projecting or bulbous portions are of varying dimensions and contain fine granulations, rounded and compressed closely together. The retreating or contracted portions are sometimes very small, being reduced frequently to the merest filament, and frequently disappear, so that the detached portion of the cell becomes an independent fragment. Thus there are formed in the immediate neighborhood of clasmatoocytes and especially at extremities of their prolongations, little islets, so to speak, of granulations of varying volume, scat-

tered about in the meshes of connective tissue. This sort of secretion by separation of protoplasm seems to be the essential character of the elements under study, and for this reason the name clasmatoocytes or fragment cells has been given them by Prof. Ranvier.

In his article in the *Journal de Micrographie* for February 25, Prof. Ranvier further describes the clasmatoocytes. He says that in mammalia the fusiform cells are most numerous, and that in all animals that he has yet examined the prolongations terminate in bulbs or buds (*bourgeons*). These buds frequently form along the lateral portions of the prolongations, from which, as from the terminals, they detach themselves, thus forming new cells by fragmentation. The number of clasmatoocytes is variable. In the russet frog (*Rana temporaria*) in an exceedingly delicate membrane which surrounds the œsophagus and separates the pleuro-peritoneal cavity from a pericœtophagian lymphatic sac, I have counted a hundred to the square millimetre. In the great epiploon of the rabbit it is more numerous and in the connective tissue of the mammifers generally there are many thousands of the cells to each cubic millimetre. These figures will give an approximate idea of the importance of the rôle played by clasmatoocytes in warm-blooded animals.

—*St. Louis Med. and Surg. Jour.*

THE LEUCOCYTE AN EMBRYONIC CLASMATOCYTE.

If the mesentery of a crested triton examined in the living state, in a humid chamber (stretched by means of the platinum ring as Prof. Ranvier's, *Traité Technique d'Histologie*), we there see groups of granulations disposed in systematic order whose contour corresponds to that of a clasmatoocyte. There is never any displacement, or movement that might be classed as amœboid. The clasmatoocytes are not migratory cells, and yet they derive their origin from lymphatic cells, leucocytes, which, after having escaped from the bloodvessels, have traveled along the interstices of the

¹ METHYL VIOLET, trimethyl rosaniline hydrochlorate, comes in six grades, marked 1 B, 2 B, etc., up to 6 B. The one most used by histologists is the 5 B or as it is usually marked BBBB. It is a blue violet of considerable intensity and has a wide range of usefulness in this class of work. It is soluble in water, but the concentrated (25 per cent.) alcoholic solution keeps best.

connective tissue. A comparison of intermediate forms warrants this statement. One can, in fact, observe in a membrane prepared as above stated, cells evenly colored in reddish violet, possessing the tortuous or knotty characteristics of lymphatic cells, some having the form and dimensions of the ordinary leucocyte, others a more complicated shape, and of greater volume; others still more voluminous, provided with prolongations more or less numerous, more or less complicated, and closely approaching the clasmatoocytes. They are leucocytes evolving in a definite manner. In other words, *leucocytes are the embryonic forms of the clasmatoocytes.*⁽¹⁾

It is not necessary to believe, of course, that all leucocytes become clasmatoocytes. In fact, we know that leucocytes escaped from the blood are carried off by the product of secretion and thus lost to the organism. We know, too, that they can re-enter the blood. Having traversed the complicated road offered them by the lymphatic system, they may even submit, within the organism, to modifications which remove them still further away from their original type than the clasmatoocytes. This is a subject which the author proposes to take up in another essay.

Finally, if we compare the volume of the protoplasmic mass of an ordinary leucocyte and that of a developed clasmatoocyte of say a triton or crested salamander, we arrive at some astonishing results. The protoplasm of the latter is more than a hundredfold that of the first. Consequently, a leucocyte escaped from the blood by diapedesis and

established in the meshes of connective tissue is there nourished and fattened, takes on pseudopods, and undergoes a special evolution which converts it into a clasmatoocyte, which latter abandons by pigmentation a portion of its substance, which very probably is utilized by the organism. Prof. Ranvier is now at work in a series of experiments undertaken to elucidate this latter point.

—*St. Louis Med. and Surg. Jour.*

PROPHYLAXIS OF PHTHISIS ON FRENCH RAILWAYS.

In view of the large number of phthysical patients using the *wagon-lits* on the French railways on their way to the South, it is proposed to adopt measures for the thorough disinfection of the bedclothes, etc. The velvet cushions and silk hangings are to be done away with, and the seats are to be covered with smooth leather, so that they can easily be washed. Carpets are to be replaced by rugs, which can be shaken in the open air after each journey. The bedclothes are to be subjected to the action of heat in vapor stoves, and the mattresses are to be covered with impermeable silk or gutta percha tissue, so that they can be readily cleaned. The invalids will travel in separate compartments, and each of them will be provided with a spittoon, which can be emptied outside the carriage.—*British Med. Journal.*

THE Jews in London are estimated at 46,000, and of these, last year, every third person was actually in receipt of poor-relief, every second Jew belonged to the regular pauper class, and every second Jewish funeral which took place in the metropolitan area was a pauper funeral. Of the total deaths registered by the metropolitan synagogues, 81 per cent. were those of children under ten. The proportion among the residents of the country at large is only 43.5. This fact will show how much truth there is in the allegation so frequently made, and so generally credited, that the death-rate of the Jews is lower than that of the people among whom they live.—*N. Y. Med. Times,*

¹ The question here arises, says Prof. Ranvier, what relation, if any, there exists between the clasmatoocytes and the *Plasma-zellen* of Waldeyer, and the *Mast-zellen* of Ehrlich. Raudnitz (*Beitrag zur Kenntniss der in Bandgewebe vorkommenden Zellen*, in Arch. fuer Mik. Anat. B. 22, S. 228; 1883), having employed methyl violet, observed in the connective tissue cells that were colored red by the reagent, and which he considered the *Mast-zellen* of Ehrlich. Had he first used osmic acid, and investigated the serous membranes of the urodele batrachians, he would at once have recognized the lymphatic origin of these cells, and probably have determined the specific characteristics.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

THE MISER AND RECTAL INJECTION.—Harpajon was ill. Now, Purgon made him take an injection, afterwards saying: "Give it back to me!" And the miser responded: "I never give back anything"—and expired.

THE DEATH OF RABELAIS.—It was like his life, for he preserved his gay humor up to his last moment. The Cardinal Bellay, knowing him to be very ill, sent a page to inquire as to the great satirist's condition. Rabelais bade the boy enter even while he was taking extreme unction, and the priest was rubbing sacred oil on his feet. Then he said to the page: "Go tell the Cardinal, thy master, that I am about to take a long voyage, and the good priest is greasing my boots." A few seconds before he expired he smiled and remarked: "Ring down the curtain; the farce is finished."

AN ADMISSION.—A gentlemen suffering from an indisposition, commonly induced by too much fruit and melon eating, stated the fact to his physician. "'Tis nothing," answered the medical man. "Boerhaave says, 'Keep a cool head and allow the belly liberty.'" The patient smiled and retorted: "But, doctor, it's no longer liberty with me, but license."

A SERIOUS QUESTION.—During the siege of Paris, Professor Broca performed a dangerous operation. A member of the National Guard had been unfortunately wounded at an advanced post, and it became necessary to practice on him the operation that caused Heloise to despair and thereby give Abelard a celebrity of a curious kind. The unfortunate soldier stood the surgical pro-

cedure with all due fortitude, but he soon became uneasy and preoccupied, and each morning he looked up and down the long military ward waiting anxiously the coming of Dr. Broca. Finally, one day, he saw the surgeon and opened the conversation thus: "Tell me, doctor, will my wound and the operation you have performed prevent me from having children?"

"Certainly not!" replied Broca looking calmly at the castrated man. "Do not worry in that matter, it will be all right;" and a moment after left the hospital ward.

One of the *internes*, who followed the great man out, asked for an explanation as to his reply to the wounded soldier, and Broca answered: "You have not thought, my young friend, that it would have been cruel for me to have told him the truth, and that he might find some willing male neighbor to help him out in his delusion."

THE DEBUT OF THE OCULIST FUNARI.—Small causes oftentimes produce great effects, and the future of a man frequently depends on accidents trivial in appearance. One oculist made his fortune and large practice through a dog. This dog was a modest animal, but it made a noted specialist through being a well-bred canine. Dr. Funari was called one day by a chamber maid. He cured her eyes. She had a simple conjunctivitis, but it was a fortunate circumstance for him. The chamber maid introduced the doctor to her mistress, a lady of wealth, who accorded him her confidence. It was not the eyes of the Duchess he was asked to treat by the noble lady, but those of her old dog, whose life had become monotonous on account of a double cataract accompanied by a chronic attack of ophthalmia. The dog's blindness was a source of despair to his doting mistress, who was a veritable Antigone of a new *Ædipus*. Doctor Funari was made oculist in waiting on the noble canine Zogore, and when he had satisfied the lady that he was a really devoted friend to her pet she permitted him to attempt an operation on the cataract which was successful. Oh happiness! Zogore could

go around in spectacles, and no longer nipped nobility's courtiers in the seats of their pants. But alas! One day Zogore died; but he had brought into celebrity the oculist who had attended him for three years at a salary of 4,000 francs. Funari's fortune was made. He became the oculist of the fashionable world, of the Faubourg Saint Germain, and was always ready to admit that a dog is man's best friend. Doctor Funari always wore a large seal ring, containing, under a glass eye mounting, some yellow hair of an extremely doubtful color. This hair was taken from Zogore's tail and worn in gratitude to the animal.—[*Dr. Foulin.*]

A LESSON IN TACT.—A jolly young beauty of the fashionable world lately had, through an accident, a slight contusion of the shoulder. Her physician was hastily called and proceeded to examine the damaged part of her anatomy, and said to the patient: "It is nothing, a mere trifle. All I ask you," said the doctor before retiring, "is to give me a little water."

"Why water?" demanded the lady.

"To wash my hands," replied the physician in an astonished voice.

She said nothing but complied with his request.

The next day the doctor called to see her and extended his hand to feel her pulse, when she rang the bell and a chambermaid with a huge basin of water entered. "Beg your pardon, doctor," she said smilingly, "but I agree with your ideas of propriety. Please wash your medical hands before feeling my pulse."

HEREDITARY CLYSTEROPHOBIA. — Boyer recounts the history of a young man whose mother had an aversion for rectal injections, since on one occasion she had taken an enema of hot water and fallen in an attack of syncope. The sight of a syringe always caused her to faint. Her son inherited his mother's dread of clysters, and one day becoming ill entered the hospital. In spite of his refusal to submit to an injection, he was bled and the syringe introduced by force; but in a few mo-

ments afterwards, the young man died from clysterophobia.

THE QUALITIES NEEDFUL IN A SKILLED PHLEBOTOMIST.—Those who undertake to practice surgery must have the particular talents required by the surgeon, for in a profession as important as that of surgery a skilful man is needed. Those who pretend to excel in the art of bleeding, must have the qualities ordinarily required by phlebotomists. It is necessary that bleeding should be done in a manner not to displease the patient. A phlebotomist should be a clear-sighted man, with a small hand and light touch; he should have long fingers and a white skin; his touch should be gentle and delicate. A phlebotomist should never drink, for one with too much wine cannot safely practice the art of bleeding from veins; he should not be a tooth drawer, a nail puller, a wood chopper nor a manual laborer of any kind, because all these employments are rude.—[*Dionis.*]

THE COMMANDMENTS OF LUCINE.

Thy son nourish at thine own breast,
If thou desire that with health he be blest.
In the room he sleepeth always be sure
That the air is warm and dry and pure.
A wise mother knows her child enjoys
A quiet chamber, avoidance of noise.
In cold climates, to keep him from harm,
Clothe him in flannels thick and warm.
Daily give him a tepid short bath,
Health and cleanliness walk the same path.
If thou findest he feverish be,
Drink thine self some couchgrass tea.
If the flux on him stealeth a march
Give an injection of warm boiled starch.
Powdered rice, fine, white and pure,
Is for all chafings a sovereign cure.
All mothers who follow these axioms know
They will see the babies to manhood grow.

—[*A. Bertherand, Gazette Medecale de l'Algerie.*]

THE LIMITS OF PATERNITY.—When the Emperor Napoleon wished to espouse the daughter of the Cæsars, he interrogated Corvisart, the eminent physician, as to the limits of paternity, as his heart's desire was to leave an heir to the Imperial throne. "The limit of paternity," said Corvisart, "depends on the organization and temperament of

each husband, and also the economy practiced once to avoid the errors of youth." Replied Napoleon: "I well understand, but what is the mean length of time assigned a man wherein he may beget progeny? For instance, can a man of sixty beget children?" Corvisart promptly answered, "Sometimes, sire." Then the Emperor said impatiently: "Does a man of seventy ever have children?" To which the physician laughingly replied, "*Always, sire.—Memoirs of Madam de Abartey.*"

EXTRACTS FROM A NEW COMIC MEDICAL DICTIONARY.—Abdomen: the richest and most fertile region of the human body—for doctors; theatre of more than half the pathological dramas. Unhappy that physician who neglects to examine his client's belly; he does not know his business.

Aberration, see *homeopathy*.

Abduction: movement of the arm when medical honesty is wounded.

Absorption: phenomena which consists in the attraction and condensation of clients, honors, and medical hospital positions. Absent among a small number of the profession, this function takes on frightful activity in many others. Unsatisfied this activity leads to the marasmus of many. Satisfied it gives rise to functional plethora or big head.

Abstinence: term well understood by most young practitioners.

Accord: word not often found in medical circles.

Adduction: movements made by a physician in the presence of a patient presenting him with a fee.

Affinity: an unknown quantity among physicians.

Allopathy: absurd word invented by Hahnemann, to throw contempt on the medicine of tradition; an appellation now assumed by ignorant regular practitioners, who consider the word as a compliment.

Dr. Simplicite, Union Médecale.

A TOPICAL APPLICATION.—Three persons were traveling in a compartment car. One was a large old gentleman who appeared to be sleeping. Another was his wife, a charming young

creature, suffering, however, from a severe attack of facial neuralgia. Last, but not least, a dude of the very fresh variety.

The Dude: "Madam, you seem to be suffering frightfully with your teeth. Perhaps you have not tried my sovereign remedy. It is a certain cure, if I only dared to propose it. See! your husband is asleep!"

The Young Wife: "Many thanks, sir, there is nothing I would not try."

The Dude: "My cureall is very simple. It consists in kissing the painful part. Contact with your cheek—"

Old Husband (*starting from his ap- parent stupor*): "No sir! no sir! that remedy is no account for neuralgia. It is excellent for hemorrhoids, however, you can try it on me."—[*Figaro.*]

BEFORE AND AFTER.

When we want him, the doctor's an angel!

He's a God when your cure is complete;

But when his bill comes then we change all;

He's a medical fraud and a cheat.

ARTIFICIAL RESPIRATION. — Two celebrated personages, Voltaire and Madam de Genlis, were reported to be dead at the time of their births. Voltaire was thrown upon a sofa and his grandfather sat down on his baby body by accident. There was a cracking of ribs, but the infant Voltaire's lungs were inflated by the violent shock and he breathed the breath of life; but through all time after he suffered from the effects of his grandfather sitting down on him. Madam de Genlis also owed her life to artificial respiration accidentally induced.

BERNADOTTE'S ARM.—Here is a curious anecdote of the ancestor of Prince Oscar, of Sweden, Bernadotte. This King refused to be bled, although his physician, a true disciple of Dr. Sangrado, had often told him he needed blood-letting.

Finally, one day Bernadotte found himself suffering greatly, and the doctor told him if he were not bled he would not be responsible for the Royal life. "I will be bled on one condition," said the King, after sending every one

from the room save the physician, "you must swear, doctor, that you will never reveal what you see on my arm." The physician agreed to this proposition. Then the King, pulling up his sleeve, bared his arm, which was tattooed with a Phrygian hat with this device: "Death to all Kings." When Bernadotte was a simple soldier he had tattooed this inscription on his arm, never once thinking he would one day become a King himself.—[*F. Bremond*, "Hygiene for All."

* * *

THE CORN'S DEFIANCE.

I'm a corn on the foot: 'tis I who protest
'Gainst the shoemaker's soul-trying leather.
An elegant shoe in faith, I detest,
For I sore ache in this rainy weather.

In vain the chiropodist treateth my crown,
I yield for a corn a big bunion;
On phalanges painful I always sit down
And boldly defy the invader.

To the dandified dude, with tight-fitting boots,
I give for a corn a big bunion;
Shooting such darting pains from out of my
roots,
That he flies for a poultice of onion.

The more I am cut the more I will sting,
Like a gnat on the banks of the Ganges;
But when leathery covering once off you fling,
I will fly from your tortured phalanges.
—[*Dr. Georges*.]

* * *

CORVISART AND NAPOLEON I.—The Emperor for the moment having abandoned the idea of divorce, but still possessed with an intense desire for an heir, one day asked the Empress if she would accept a baby belonging to him, by feigning pregnancy so that the world might be deceived. She was far from refusing his desires in this regard and agreed to take such a child providing it was his by another woman. Napoleon sent for his physician, Corvisart, in whom he had implicit confidence, and confided his project to him. "If you will say the baby is ours all the world will believe you," said the Emperor, "and I confide to your hands all the necessary power to carry out the ruse, that is to insure an heir for my throne. You only shall know the secret." Corvisart thinking his personal integrity would be compromised, along with his self-respect, declined to be a party to the scheme, but agreed to maintain silence

should the project be carried out by some other physician.—[*Memoirs of Madam de Remusat*.]

* * *

A MEDICAL STUDENT'S TRICK.—Dr. Piorry, whose medical reputation rests on his art of percussion, pretended, that by the aid of his invention, the "plessimetre," he could outline, in a wonderfully accurate manner on the anterior of the human body, the form and dimensions of all the interior organs of the organism.

Like almost all innovators, he entirely exaggerated the importance of such discoveries as percussion and the plessimetre, and a singular joke was played on him by a medical student. One day he announced at his lecture, that he would for the five hundredth time, outline the form of the heart and aorta, and verify his external tracings by opening the thorax and exhibiting its contents. The grand master of auscultation and the plessimetre worked with colored crayons all the internal organs, particularly that of the heart. Then he opened the cadaver and found in the chest a stuffing of straw—a mischievous student had substituted this article through an opening made at the back of the cadaver. There was no heart in the thoracic cavity. So much for accuracy in *percussion* even in its inventor's hands.—*Loire*, "Parisian Anecdotes."

* * *

ECONOMICAL PILLS.—Small pills of metallic antimony, which purged, were formerly used in France; they acted like foreign bodies, provoking intestinal contractions, and were sent out with the stools they provoked. They were washed and thoroughly cleaned, and were again ready for service as purgatives; they were known as "perpetual pills," and served some families for several generations.—[*Trousseau*.]

* * *

ECHO OF AN EXAMINATION.—A certain professor interrogated a student on his knowledge of pathology, and only obtained evasive and insufficient responses to easy questions.

"What would you do," said the professor, "if you had a case of typhoid

fever to treat?" Silence on the student's part.

"Supposing complications should supervene, what would you do then?" and the desperate student answered, "I should immediately call you in consultation."

Nota Bena.—It is unnecessary to add that this answer was sufficient to insure the student's receiving a diploma.

* * *

EPIGRAM.

My patients never complain of me,
Said a medical ass, whose mustache curled,
The reason they do not 'tis plain to see—
His clients he's sent to another world.

* * *

A TOO EARLY DISSECTION.—The celebrated anatomist, André Vesalius, first physician to Charles Quint, and afterwards to Phillip II., King of Spain, opened, in 1654, the body of a Spanish gentlemen, who was believed to be dead, and when about to perform a post-mortem the heart was discovered to be beating. The family, having been informed of the sad fact, were very in-

dignant at Vesalius, and brought him before the Inquisition, which condemned him to take a pilgrimage to Jerusalem in order to expiate the murder. He went as directed and returned only to die at the age of fifty years, shipwrecked on the Isle of Zante, where he was cast up in a tempest.

[TO BE CONTINUED.]

UNCLE: Bobby, don't you hear your mother calling you?

Bobby: Yes'r.

Uncle: Well, why don't you hasten to her?

Bobby: Why, ma has heart disease, and she'd be dangerously surprised if I answered the first time she called me.

—*Med. Times.*

TIGHT SHOES.—A shoe-trade journal says that the best time to get shoes fitted to the feet, is the latter part of the day. The feet then are at their maximum of size and sensitiveness. To those of the fairer sex and of minature feet we charge no fee for this advice.

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD will be sent to any physician, free of expense, upon application.

Doliber-Goodale Co., Boston, Mass.

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Original Articles.

THE MILK QUESTION.

A Paper read before the Academy of Medicine,
May 19, 1890,

BY

LEONARD FREEMAN, M.D.,
CINCINNATI.

The paper I shall read this evening relates to a subject of great importance to us as physicians and to the long-suffering public at large. I wish to call your attention to certain characteristics of our milk-supply, which are startling, to say the least.

Our efficient Health Officer, Dr. Prendergast, is investigating with much zeal the state of the dairies about Cincinnati. The Cincinnati *Enquirer*, recognizing the importance and interest attached to the question, had a number of microscopical examinations made of milk from diseased cows used in actively supplying the market. This work was placed in the hands of Dr. Oliver, Dr. Herzog and myself, and was carried on in the laboratory of the Cincinnati Hospital.

The time at our disposal being limited, as the work was to be finished on a certain day, the number of examinations were not so great as would have been desirable. To make such work complete, numerous inoculations should be made in rabbits and guinea-pigs, and milk taken from the suspected cows at various times should be examined. At least two examinations, however, were made of each sample, and sometimes three or four.

The following report of our work was handed in:

We have made a careful examination of the milk furnished us by the Health Officer.

The samples were contained in a number of small glass flasks, which had been thoroughly sterilized by us and stopped with plugs of cotton.

The milk was allowed to stand twenty-four hours, so as to permit any bacilli tuberculosis which might be present to settle to the bottom of the flasks.

Portions of the lower strata of the samples were then removed with a sterilized pipette, spread upon cover-glasses with a sterilized platinum needle, dried and stained with carbolyzed fuchsin for the bacillus tuberculosis. In a number of instances both the upper and lower strata of the specimens were thus examined, several cover-glasses being spread from each sample.

Examinations were also made for pus-corpuscles and other foreign bodies.

In these investigations all the rules laid down for bacteriological work were closely followed, and the results may be depended upon as being accurate.

Eighteen samples of milk were furnished us, coming, as we were informed by the Health Officer, from sixteen different cows in as many different dairies.

The results of the examinations of thirteen samples were negative. The remaining five specimens contained tubercle-bacilli in varying quantities.

One sample, we were informed by the Health Officer, was from a slop-fed cow which had not been out of her stall for several months. The milk was apparently of ordinarily good quality when examined with the naked eye, and was marked "fresh." Microscopical investigation of an unstained specimen showed that it consisted of a fine emulsion containing no pus-corpuscles. On staining for tubercle-bacilli a startling condition was revealed. Many hundreds of bacilli were found, most of them in a state of sporulation. These germs were collected in little heaps throughout the microscopical preparation, and each heap contained so many individuals that it was impossible to count them.

Another sample (from a diseased teat), said to have been milked but a few hours previous to our examination, emitted a sickening odor of decomposition. It contained, in addition to tubercle-bacilli, numerous pus-corpuscles.

Another sample separated, on standing, into two distinct layers, the upper one being of a muddy color and semi-transparent, and the lower one whitish in appearance. Both layers contained numerous pus-corpuscles, but in the

lower layer there were more pus-corpuscles than milk-globules. Tubercle-bacilli were also present.

Respectfully submitted.

LEONARD FREEMAN, M.D.

J. C. OLIVER, M.D.

MAX. HERZOG, M.D.

In the specimen of milk in which we found such a quantity of tubercle-bacilli, it is very suggestive that nearly all the bacilli were broken up into dots—the condition quite generally recognized as sporulation. The bacilli themselves, it is believed by most authorities, are incapable of passing uninjured through the normal gastric juice of a healthy stomach; the spores, however, can do so without detriment to their virulence. The tubercle-bacilli which we found were therefore just in that condition where they were capable of doing most damage to the intestinal canal.

The fact that the bacilli were arranged in little clumps, each clump containing a great number of individuals, is also of importance. No matter how extensively such contaminated milk were diluted, some one must swallow one or more of these clumps; and if this individual were at all susceptible to the disease, inoculation would probably result.

The separate bacilli in the heaps mentioned above seem to be stuck together by some adhesive substance which gives to the heap a more or less regular outline, and which has taken a very light stain with the fuchsin.

Most people think it advantageous to feed babies on the milk of but one cow. Perhaps this may be desirable at times; but suppose the milk selected should be as contaminated as the specimen we have just been discussing? As Macé remarks, it is not always an easy matter to tell when a cow is tubercular; and, as has been emphasized by Bang, the milk may seem, as far as outward appearances go, perfectly good. This was the case with the highly-infected specimen examined by us.

Bearing these facts in mind, it is better, without doubt, under ordinary circumstances, to give children a mixture of the milk of many cows—the more the better.

The danger of infection would be reduced to a minimum if milk were always boiled before using, as is quite universally the custom abroad.

Gebhardt has come to the conclusion, based on inoculation-experiments, that the dilution in the proportion of from 1 in 40 to 1 in 100 of milk containing the germs of tuberculosis effectually destroys their virulence. His experiments, however, are not at all convincing, as he investigated only ten specimens, which may or may not have contained tubercle-bacilli. Even if bacilli were present, the chances of the few drops used for inoculation containing them were not great. And then, in addition, the same experimenter found that tubercular sputum could be diluted in the enormous proportion of 1 to 400,000 without destroying its virulence.

The fact remains, however, that the fewer the bacilli the less the chances of inoculation; and if a few bacilli should lodge and grow, the disease would probably get well of itself, as asserted by Baumgarten.

As far as I have been able to ascertain, in a hasty review of the subject, the only experiments which have previously been made in this country with the milk of tubercular cows were carried on by Harold Ernst, of Boston. He found tubercle-bacilli both in the cream and in the milk of 27.7 per cent. of tubercular cows investigated. He also made a great number of inoculations in guinea-pigs and rabbits, using only such cows as showed no signs of tuberculosis of the udder. The milk from 50 per cent. of these cows was found to be infectious. Out of twelve calves fed on this milk 41.66 per cent. became tubercular. The same milk was given to a number of guinea-pigs, and 50 per cent. of them contracted tuberculosis.

Ernst arrived at the following conclusions:

"1. The milk from cows affected with tuberculosis in any part of the body may contain the virus of the disease.

"2. The virus is present whether there is disease of the udders or not.

"3. There is no ground for the as-

sertion that there must be a disease of the udder before the milk can contain the infection of tuberculosis.

"4. On the contrary, the bacilli of tuberculosis are present and active in a very large proportion of cases in the milk of cows affected with tuberculosis, but with no discoverable lesion of the udder."

Dr. W. T. Councilman says: "There is no impossibility in the way of the bacillus being present in the milk without any lesion of the udder." He also thinks that the government ought to require all tubercular cows to be killed.

Dr. W. H. Welch also believes that tubercle-bacilli may be found in the milk without lesion of the udder, just as Jani has found them under similar circumstances in the testicle. Welch also thinks it possible that the bacilli may be carried to the gland by the blood, escape into the ducts, and there multiply without causing a local lesion.

Hermisdorf cites a case in which it was certainly shown that tubercular infection of the intestinal canal was caused by drinking milk from a diseased cow, and numerous other more or less probable cases are on record.

Dr. W. L. Mussey tells me of a case, which he recently had under his care, in which tuberculosis originated in a farmer's finger and ran rapidly up the lymph-channels along the entire arm. It is quite probable that the trouble may have been contracted from a tubercular cow.

As has been suggested, man probably frequently contracts tuberculosis from cows, and the cow no doubt often gets tuberculosis from man. We would hardly be justified, however, in accepting the statement, made recently by Dr. Brush, that all tuberculosis comes originally from cattle, and that if all diseased cattle were destroyed, tuberculosis would soon be a thing of the past.

Hirschberger has made some interesting inoculation-experiments. He proved that 55 per cent. of the milk from a number of tubercular cows was infectious. His experiments seemed to demonstrate that if the diseased cow were in reasonably good physical con-

dition the milk was less liable to cause infection than if she were broken down and emaciated. Hence, even in the case of already diseased cattle, we would hope to gain something by keeping our dairies clean and our cows well fed.

The interesting question as to whether the udder itself must be diseased before the milk becomes tubercular seems to be quite definitely settled in the negative. I have already given the opinions of Ernst, Councilman and Welch on this point. Hirschberger maintains that disease of the udder is not necessary, as does also Bollinger, Bang, and others. Koch, Nocard, and some other authorities, say that the udder itself must be affected before the milk becomes contaminated; but Koch's views, it is claimed, were based purely upon theoretical considerations. This point, however, is not of such great practical importance. When a cow has tuberculosis anywhere it would require an expert among experts to decide whether or not the udder were affected. Most people would rather not trust such a delicate point to the average milk-inspector, who claims to be neither a veterinary surgeon nor a pathologist. When a cow is tubercular it is by far the safer plan to condemn her milk at once, whether she has perceptible disease of the udder or not.

Macé, in his new work on bacteriology, says that tuberculosis is very common where a large number of cows are stabled together, and hence is found in most dairies. The diseased animals often retain all the appearances of health, and give plenty of milk, for six months to a year from the time the trouble begins. Macé also remarks that a large part of the tuberculosis of the digestive tract, especially in children, is probably caused by drinking the milk of tubercular cows; and that tuberculosis in a cow is often very difficult of detection by the milk-inspector.

Bang has demonstrated that tuberculosis of the udder is very much more common than is ordinarily supposed. Even when the udder is much diseased and swollen the milk is often, to all outward appearances, good; but when examined microscopically, tubercle-

bacilli are often found in great quantities.

How long will tubercle-bacilli retain their virulence in milk? Herm has obtained successful inoculations with sour milk ten days old. In rancid butter, which had been kept four weeks, living bacilli still existed. Hence milk a week old and butter a month old are scarcely any safer than if they were absolutely fresh.

If a cow be tubercular, is the meat capable of carrying the infection? It is well known that, no matter how extensive the tuberculosis may be, it is rare to find tubercular nodules in the muscles. Kastner, basing his opinion upon numerous inoculations, stated that the meat of tubercular cows containing no nodules is free from bacilli or their spores. Steinbell, on the other hand, conducting his experiments with juice expressed from the psoas muscles of men who had died of advanced phthisis, arrived at opposite conclusions. He succeeded in producing tuberculosis, by inoculation of this juice, in fifteen guinea-pigs out of eighteen. Hence it appears that, although there still exists a doubt upon the subject, there is evidence in favor of the meat from tubercular animals producing tuberculosis. This being the case, our duty seems clear,—condemn the meat of all tubercular animals used for food, cows included. A cow afflicted with tuberculosis should not contribute either milk or meat to our table. We run enough risks as it is, without exposing ourselves to this additional one. An experienced veterinary surgeon should regularly inspect all the cows in our dairies; and microscopical examinations should be made of suspected milk and of the secretions from suspicious ulcers of any kind, particularly when they occur about the udder. This is constantly done abroad, and why should it not be carried out here? Cattle having actinomyces, or big-jaw, are condemned at once; but actinomyces is a comparatively rare disease in man, while tuberculosis is perhaps the most common disease with which man is afflicted.

The greatest danger in this whole matter is, of course, to children; but

our children ought to be of sufficient importance for us to take the proper measures to protect them from one of the most hopeless diseases to which they are liable.

HR-GLASS CONTRACTION.

XENIA, O., May 23, 1890.

Editor Lancet-Clinic:

DEAR SIR:—Hour-glass contraction followed a case of instrumental delivery in our practice recently. A stream of water, hot as the patient could bear, was thrown against the constricted uterus for a period of fifteen minutes, causing speedy and easy delivery of the placenta, with entire absence of hemorrhage. The idea is advanced that in conjunction with the above, a valuable aid might be found in these troublesome cases in flushing the bowels with two or three quarts of hot water.

This case is submitted to your numerous readers, hoping that when opportunity offers its utility may be tested and results reported. Respectfully,

C. M. GALLOWAY, M.D.

W. A. GALLOWAY, M.D.

RELATION BETWEEN ACNE AND DISEASES OF THE NASAL CAVITY

For several years Seiler (*Four. Am. Med. Assn.*) has been in the habit of observing that acne became worse with a cold in the head, and gradually disappeared as the cold was cured. Acne punctata is almost always associated with atrophic rhinitis, while acne rosacea is generally associated with hypertrophic rhinitis. Seiler believes that the function of the so-called erectile tissue in the nose is to act as an overflow, and so relieve the congestion in the surrounding parts. If this function of the erectile tissue is interfered with by disease, congestion of the easily dilated capillaries of the nose, face, and neck may result, and this continued congestion centering round the glandular tissue leads to acne. He believes that this glandular congestion and acne may also result in a reflex manner from nasal irritation.

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of February 11, 1890.

The President, C. R. HOLMES, M.D., in the Chair.

EDWARD S. STEVENS, M.D., Secretary.

DR. R. B. HALL read a

Report of a Case of Pyosalpinx (see LANCET-CLINIC, Feb. 22, 1890).

DISCUSSION.

DR. HOLMES spoke of feeling a peculiar interest in the case, because the subject had been for eight months under his care at the Hospital in the medical and surgical wards. She was tall and delicate. When she first entered it was with the symptoms of pneumonia. This subsided and pains in her limbs came on. She developed a cystitis while in the Hospital. After leaving the Hospital she again came under his care. She had married and intercourse was painful. An examination revealed an enlargement in the abdomen, but under an anæsthetic it seemed to be merely a spasm of the abdominal muscles. There did not seem to be any involvement of the ovaries at this time.

DR. E. RICKETTS, who was present at the operation, wished to speak of the use of pessaries and electricity in these cases. These cases show the fallacy of their use. Coition is always painful, as it was in this case, and is a most important symptom. The case calls to mind many of those he had seen in various clinics where attempts have been made to relieve by pessaries, and where the condition is always made worse. Cystitis, as he viewed it, is but an accompaniment. In one of the speaker's own cases—a case of pelvic hematocèle—there was cystic trouble, and after the operation the cystic trouble subsided.

DR. OLIVER asked Dr. Hall for the technique of his antiseptic precautions.

DR. HALL described first the atten-

tion he gave to his patient. He scrubbed her abdomen with a brush and soap and water. Then he bathed the part with alcohol, and surrounded, etc., the field of operation with towels wrung out of bichloride solution 1 to 5,000. His thread he bought in hanks, thoroughly cleansed and disinfected his hands before preparing the thread, and personally boiled it in carbolic acid and in water. His sponges he also prepared personally. He cleansed his instruments after operating and dried them, and then carefully went over them before an operation again. If there was the least rust upon them he removed it with emery cloth.

DR. OLIVER said that about a year ago Dr. Freeman and he had conducted a series of experiments, scraping from offsets and joints of all sorts of instruments, and in most of the scrapings they had obtained bacteria. The hands of a surgeon, after washing, showed more bacteria than before. The points to look out for were first the hands and then the instruments.

DR. HALL: What did you examine, the dirt from under the nails or scrapings from the hands?

DR. OLIVER: Both.

DR. HALL: Long ago I began to appreciate the necessity of perfect cleanliness to successful surgery. Long before the operation I begin with my finger nails. I am perfectly willing to have my hands tested for bacteria when I am ready for an operation.

Tumor of the Orbit.

DR. S. C. AYRES said that he had been very much interested in diseases of the orbit. He had made an operation about ten days ago upon the patient from whom he obtained the specimen which he here presented. It was a woman æt. 39. The case presents a unique history. Twenty years ago she had panophthalmitis and the globe had now shrunk to a button. The history of its growth is not very satisfactory. Here it developed to one side and pushed its way forward. Within a short time she suffered from sweating at the slightest exertion. Quinine was given before the operation. In examin-

ing her a tumor was found in the abdomen. This specimen has the external appearance of a choroidal tumor. The tumor is very completely encapsuled. The prognosis is not to be determined as yet. He hardly thought that at first it was a choroidal tumor. A few years ago he saw a man who had had a pigmented tumor upon his back. This was removed by an operation and shortly afterward spots began to develop all over his body. He was confident that there was a tumor in this man's abdomen. The case of melanosis reported in the LANCET-CLINIC by Dr. Falls some years ago, was also under his observation for a time.

DISCUSSION.

DR. W. H. TAYLOR said that shortly after the report of Dr. Falls' case he had himself reported a case in which a tumor had been removed from the back, and after the operation small pigmented tumors appeared all over the body.

DR. HOLMES read the following notes of cases of similar character to the one presented:

In Vol. X. of London Ophthal. Hospital Reports, Dr. Lawson reports an interesting case of sarcoma springing from the sheath of the optic nerve. The globe and tumor were removed.

There had been no pain, even when the eye was markedly prominent. Three months after first operation the tumor had grown to fill the orbit again, and protruding between the lids. Not operated on the second time. Died one month later. Post-mortem revealed secondary growths around duodenum and pancreas; bronchial glands, cortex and medulla of kidneys filled with secondary sarcomatous nodules. Liver infiltrated with nodules from the size of a Tangerine orange down.

Dr. W. A. Brailey reports in the same volume twenty-eight cases of tumors of the eyeball or orbit. Of these two case are of interest because of their rapid growth of fatal termination:

First case, patient age 18, proptosis noticed for five months. Vision of the eye perfect for distance and near; optic disk normal, but as the tumor was of doubtful origin, the perfect eye was removed with the tumor.

Patient died in two months from a recurrence in the orbit.

The tumor was firm, yellowish white in color; made up of fibrillated tissue, containing many nuclei, but areas existed where the tissue had the appearance of a round celled sarcoma.

Second case; patient aged 66; eye protruding only four weeks, excepting a papillitis, eye is normal in appearance. State of vision not given. Eye and tumor removed. Microscopic examination proved it to be a small round celled sarcoma. The tumor recurred shortly after excision, and patient died. Secondary deposits in the liver. Lymph effused over two-thirds of upper surface of the brain.

The rapidity of recurrence is of interest.

DR. DODD spoke a case from the London Reports, the tumor being a melanotic sarcoma. It was extirpated and the part cauterized. There was no recurrence.

Prognosis and Treatment of Diphtheria.

DR. C. P. JUDKINS said that he wished to retract a statement that he had at one time made, that the only positive diagnosis of diphtheria is the signing of the death certificate. He had had the good fortune recently to see a number of cases get well under the bichloride of mercury and iodide of potassium treatment. They were all given tincture of iron and quinine. The doses given of the bichloride varied from the one-thirty-second to the one-sixth of a grain, given from three to five times a day, according to the severity of the case. The treatment was continued for about ten days. The patients he had just seen get well were respectively eight, five and four years of age. This treatment seems to be almost specific.

DR. W. H. TAYLOR said that the treatment was not a new thing. It was the treatment in which he had the most confidence. He had, however, this same hopeless prognosis to make in cases of laryngeal diphtheria. He had seen cases in which throat, fauces and nose were all involved, in which he used mercurial inunction, and the one-

sixty-fourth of a grain of bichloride of mercury, washing out the nose with a solution of chloride of soda. The mercury was continued for five or six days with most satisfactory results. He had used the same line of treatment and patients had died. Nevertheless he considered it the most satisfactory line of treatment.

DR. THORNER spoke of the difficulty there sometimes was of making an accurate diagnosis. One case became sick with common follicular tonsillitis. The disease progressed during the second, third and fourth days, when the child died. A second case was that of child with follicular tonsillitis, there being nothing to show the presence of diphtheria. He had a pronounced hypertrophic nasal catarrh. A few days later an ocular post-diphtheritic paralysis developed. These cases were reported to illustrate the frequent difficulty of differentiating this disease.

Furunculosis of the External Auditory Canal.

DR. HOLMES said that he had seen a number of cases recently of furuncles in the Cincinnati Hospital. He had asked his Interne, Dr. Greiwe, to make a report of the cases, the trouble being believed to be due to bacteria. The idea is to discover any possible contagion by instruments.

DR. GRIEWE: At the request of Dr. Holmes, I have here a short report of a number of cases of furunculosis of the external auditory canal, which came under his observation in the wards of the Cincinnati Hospital.

Matilda Hubbard, age 40, was admitted to "M" ward on January 9, suffering from a furuncle in the external portion of the auditory canal. She had not been treated for this trouble before coming on the service.

Edward McGreen, age 60, was admitted to "G" ward on January 17, a well-marked case of this affection.

Frank Hoffman, age 29, was admitted to "G" ward on January 26, with a furuncle, situated far back in the auditory canal, and at the same time complicated with an acute attack of otitis media purulenta.

Besides these cases there were at the time eleven other cases of ear trouble, the majority of them of an acute form.

In the examination and treatment of these cases the same aural speculum, probe and syringe were used. Whether or not this point in the treatment of these cases has proved an important factor in the development of a number other cases which have sprung up, may perhaps be a fruitful source of discussion.

The following cases, however, offer themselves for consideration:

On February 1, Lawson Hunter, suffering from an acute attack of otitis media purulenta, was found to have developed furuncles in both ears.

On the same day Lizzie Shannon, another ear case, suffering from otitis media, had a furuncle in the left ear and three days after had the same condition in the right ear.

About February 4, Mollie Mefflin, an "L" ward case, suffering from otitis media in the left ear, developed a furuncle in the same ear.

The prevalence of so many cases of furunculosis among the patients naturally excited some suspicion as to the cause, and it is possible that the aural speculum, probe or syringe may have been the means of carrying the infecting material from patient to patient. On the other hand, however, an examination shows that only patients suffering from acute attacks of otitis media were so complicated while not one of the chronic cases became effected.

THE REMOVAL OF MOLES.

Moles on the face are now being successfully treated by the use of sodium ethylate. The mole is painted with the sodium ethylate, a fine glass rod being used. When the mole has a varnished look the ethylate is gently rubbed in with the glass rod, to make it penetrate more deeply. The mole turns nearly black and a hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.

Selections.

RHEUMATISM AND GOUT,

The relationship of rheumatism and gout in respect of the share in their respective production to be ascribed to the presence of uric acid in the blood or tissues, is a question upon which much has been said and written without raising the question out of the sphere of pathological theorization. Still, every fresh contribution to our knowledge on this interesting and important subject is welcome, especially when such additions comprise observations, experimental, physiological, or clinical. One way of studying the morbid phenomena which underlie these and similar conditions is to study the action of the drugs which afford relief, with the object of endeavoring to elucidate the mechanism by which the relief is obtained. It has been suggested that gout and rheumatism are both forms of the uric acid malady, with the difference that while the former is a chronic disease associated with the deposit of crystals of uric salts in the joints and elsewhere, giving rise to irritation and more or less permanent lesions discoverable *post mortem*, rheumatism, on the other hand, is due to the precipitation of crystals of uric acid of a more transient character, hence little or no evidence may be found in the joints of pre-existent disease. The facts in favor of this view may be classed under several heads. First, we may discuss the explanations which are suggested for the sudden and unforeseen precipitation of the uric acid in rheumatic fever. The absence of an excess of uric acid from the blood in patients suffering from rheumatic fever is not necessarily adverse to this view, seeing that it may be explained by this very precipitation, and Dr. Haig believes that the determining cause of this deposit is a hyperacidity of the blood determined by dietetic, digestive, or other condition. Suppressed perspiration, for example, has a marked effect in raising the acidity of the urine, and, *ergo*, of the blood, and the same thing may be brought about by

the administration of the mineral acids, acid wines, etc. On the other hand, the drugs which prove most efficacious in relieving the sufferings of the rheumatic patient, do so by increasing the output of uric acid, as, for example, is the case with drugs of the salicyl group. The latest theory of acute rheumatism is therefore that uric acid is driven out of the blood by an induced condition of high acidity, and is precipitated in the joints, and this precipitation is made to account for the fever, and for the articular phenomena in preference to the alternative suggestion of Sir Alfred Garrod's, that inflammation has for effect to destroy the acid. The great difficulty in the way of accepting this theory is the difficulty of accounting for the fact that, though due to similar morbid action, the gouty lesions are persistent, while those of articular rheumatism are more ephemeral. The mere chronicity or otherwise of the two maladies cannot be held to clear up the difficulty, but, as suggested by Dr. Lauder Brunton, it is possible that the precipitated salts are not the same in the two cases, or even that in rheumatism it is less a precipitation that takes place than a strong solution of uric acid, which is effused into the joints. Then, again, it cannot be lost sight of that rheumatism is not a disease which is localized in the joints, but is, on the contrary, a constitutional condition of which the articular symptoms are only the more constant and the more prominent. There is, for instance, the question of the causation of the cardiac complications, as to which only very halting and inconclusive suggestions have been made by way of explanation. It appears that the injection of acids into the circulation will suffice to determine rheumatic pains in the subjects of the uric acid diathesis, and the injection of phosphoric acid is said to give rise to undoubted endocarditis. Even if these experiments be admitted as evidence, it is not easy to demonstrate their bearing on the matter under discussion. Proof is wanting of the possession of any directly poisonous or even irritating properties on the part of uric acid so long as it exists in solution, all the

symptoms to which it is known to give rise, being dependent on its precipitation. The absence of acid deposits, occasional in gout and usual in rheumatism, after death, is probably due to the fact that in all cases of death from wasting disease there is, for some time previously, an excessive excretion of uric acid, presumably drawn from the tissues, and a like effect is produced by the exhibition of alkalies; with respect to the latter however, it is worthy of remark that, while the effect during the first day or two is to markedly increase the amount of uric acid excreted, this effect is not maintained, a fact which may be interpreted to signify that the reserves have been exhausted, only the slight increase due to increased tissue metabolism remaining. Whatever may be the fate of these ingenious speculations in the light of further observation, they afford some practical hints as to how to prevent the occurrence or recurrence of rheumatic pains, and they explain many points, of which experience had already demonstrated the importance. Anything that tends to raise the treatment of these diseases from the empirical to the rational marks a distinct advance in the science of therapeutics. So far as these observations confirm what was already known in the matter of treatment they are beneficial, but experience has taught us the desirability of abstaining from formulating rules of treatment on so shifting and uncertain a basis as inductive physiology.—*Med. Press and Circular.*

CANNABIS INDICA IN NEURALGIA.

Dr. Russell Reynolds (*Lancet*, Mch. 22, 1890), after having used cannabis indica for the past thirty years, has placed on record the cases in which he has found it useful, and cases in which it has been of no use; such an experience is of extreme value, and we therefore record it. Cannabis indica is of use in:—In senile insomnia, with wandering—when an elderly person is fidgety at night, goes to bed, gets up again, fusses about his clothes, and thinks he has an appointment to keep (such a patient may be quite rational

during the day.) The dose in such a case has been $\frac{1}{4}$ to $\frac{1}{8}$ of a grain of the extract given at bedtime. It is also useful in cases of night restlessness of patients with general paralysis, and in temper disease (Marshall Hall) in children, or in adults. In almost all painful maladies it is useful—neuralgia, periodic or not, and may be mixed with arsenic, especially in facial pain, in neuritis, with mercury, also very useful in migraine. It may be of use in lightening pains of the ataxic patient, and also the multiform miseries of tingling, formication numbness, and other paræsthesiæ, so common in gouty people. In clonic spasms, whether epileptoid or choreic in type. In eclampsia of children, from worms or teething. In many cases of so-called epilepsy, but which Dr. Reynolds thinks are either eclamptic, or the result of organic disease of a gross character in the nervous centres. Cannabis indica is the most useful agent with which he is acquainted, such as for instance, violent convulsions in an over-fed man who has had a heavy supper. In cases also of brain tumour, in which epileptiform convulsions occur, followed by coma, and coma by delirium, at first quiet, and then violent, yield at once to Indian hemp. It is also most valuable in nocturnal cramps of old and gouty people, in some cases it relieves spasmodic asthma, and is of great service in cases of simple spasmodic dysmenorrhœa. Cannabis indica is *useless* in mania, uncertain in its action in alcoholic delirium, and best not used in melancholia, except when the case has merged into one of senile degeneration. It is almost useless in sciatica, myodynia, pleurodynia or lumbago, gastrodynia, enteralgia, tinnitus aurium, and so-called hysterical pains, true chronic epilepsy, general chorea, paralysis agitans, trismus, tetanus, and jerking movements of spinal sclerosis. The drug should be given with great care, and always obtained from the same source, as preparations vary in strength. The dose should be given in minimum quantity, one-fifth of a grain for an adult, and one-tenth for a child, which should be gradually and cautiously increased. The

dose should be repeated every four or six hours, until either relief is obtained, or the drug is proved to be of no use; for children, a tincture, containing one grain in twenty minims, but for an adult the tincture should contain one grain in nineteen minims. It is best given in drops on sugar or bread.

—*Lond. Med. Recorder.*

CONSUMPTION TREATMENT DONT'S.

Don't prescribe for a chest disease until you are sure of your diagnosis.

Don't have a stereotyped prescription of cod-liver oil, hypophosphites, plenty of exercise, etc., for every case of consumption.

Don't despair of doing some good in every case; and never give a hopeless prognosis to your patient.

Don't overlook the fact that consumption is as amenable to treatment as are other chronic diseases.

Don't neglect details in treating this disease. Your success depends on your ability to control every movement of your patient.

Don't fail to realize that the pulmonary disorder is but the manifestation of a more deeply-seated disease.

Don't forget that in chronic pulmonary disease the digestive organs are of as much importance in treatment as the lungs.

Don't make up your mind to send your patient to Colorado or some other health resort as soon as you discover that he is suffering from consumption; but always bear in mind that, until he is convalescent, such an invalid is best off in a climate to which his body has, by long residence, become adapted; and that the practical results of high altitude treatment are not more favorable than those obtained nearer the sea-level.

Don't fail to perceive that bodily rest is the paramount factor in the treatment of this disease, and that next comes good nutritious food.

Don't let your patient dissipate his strength by walking or by exercising in any way; and always remember that he is on the verge of physiological bankruptcy, and that he must increase his

capital stock of vitality by lessening his expenditures and by enlarging his income, or he will become insolvent.

Don't consign him to his room day and night if the weather is pleasant, and if it does not weary him to sit or lie in the open air: care being of course taken to protect him from unfriendly draughts of air.

Don't neglect to have his body well covered with woolen underclothing, which he wears day and night and changes every three or four days.

Don't let him know what the dining table has in store for him, because he always eats best when he is surprised with food.

Don't underestimate the value of the cook. The salvation of your patient is in her hands. She must be dexterous and able to render the food tempting and digestible.

Don't forget that the evening temperature of the patient must be reduced to or below 100° Fahr. before you can expect much permanent improvement.

Don't waste your own and the patient's time by giving quinine, salicylates, thallin, etc., to lower fever when you have such serviceable antipyretics as antipyrin and phenacetin.

Don't discontinue the antipyrin or the phenacetin after the temperature is reduced, but administer them in smaller doses for the purpose of securing their excellent tonic effects.

Don't confide in antiseptic inhalations as having any influence on the phthical process, although they are often useful in subduing a troublesome cough, and in allaying a bronchial irritation. Carbolic acid, creasote, and benzoic acid are used for this purpose.

Don't overlook the value of hot poultices applied to the chest during the day.

Don't lose sight of the fact that one grain of quinine, a quarter-grain of opium, one grain of powdered digitalis leaves, one-sixtieth of a grain of strychnine, one five-hundredth of a grain of atropine, given in a pill four times a day, is a good tonic.

Don't forget that a consumptive who, on account of cough or other causes, cannot sleep at night never gets

along well. Nitrous oxide by inhalation during the day and evening, and potassium bromide and codeia at bedtime by the mouth, often secure rest and sleep.

Don't omit to compel the patient to practice pulmonary gymnastics, both by forcing voluntary breathing, and by inhaling oxygen and nitrous oxide from a compressed air apparatus.

Don't overlook the great value of cod-liver oil when it agrees. It is best given pure, with a little lemon juice or vinegar before and after its administration. The hypophosphites must be given when the oil disagrees, or alternated with the latter.

—MAYS, *Med. and Surg. Rep.*

THE ANTISEPSIS OF THE RENAL PASSAGES BY THE INTERNAL USE OF SALOL.

In the intestinal tube, as a consequence of the action of the pancreatic juice, salol splits up into carbolic and salicylic acids, which are then eliminated by the kidneys, carbolic acid without being changed, salicylic acid after combining with sodium. Investigations by Nencki, Sahli, and Lepine have proved the truth of this statement beyond contradiction, and these writers have as a consequence, recommended its internal use in "internal disinfection" in cholera, typhoid fever, and bacterial diseases. Dr. Dreyfuss (*Wiener Medizinische Blätter*, December 19, 1889), bearing these facts in mind, has recommended its use internally as a means of inducing the passage of an antiseptic fluid through the kidneys, ureters, bladder, and urethra; and claims that it acts in a much more intensive manner and covers a wider field than can be accomplished through an injection of antiseptic fluid. Sahli has further shown that the urine of patients who have taken salol internally is aseptic, and that salol in large doses is well borne and never produces toxic symptoms. It is, therefore, quite as suitable for producing antiseptis in the urinary passages as naphthol is for the antiseptis of the intestinal tract. Dreyfuss has employed salol, either alone or in com-

position with various balsamics, in blennorrhea, the full dose varying from 75 to 120 grains. Even in acute cases, treated at the very outset, this mode of treatment rapidly diminished the secretion, and in some few cases arrested it within a few days. Its effects are especially marked in combination with the use of cubebs or copaiba.

Finally, Dreyfuss recommends this use of salol in operations upon the urinary organs, for in this way the urine is kept aseptic, and one source of danger is thus avoided.

—*Therapeutic Gazette.*

DIURETIC ACTION OF CALOMEL.

Dr. Gioacchino Lipari (*L'Osservatore*) has used calomel and digitalis in ten cases, in which dropsy from various causes (cardiac affections, cirrhosis, etc.) was present. He has formulated his conclusions as follows:

(1) Calomel asserts a marked diuretic action in some cases where digitalis is without such effect; that is to say, where the diminished action of the kidneys is not secondary to some heart-lesion. Inversely, calomel does not produce diuresis in cases where this result has been obtained from the use of digitalis, or where the diminished action of the kidneys results from certain hydraulic conditions. It seems from this that the diuretic action of calomel is the result of a direct action of this drug on the renal parenchyma. Calomel is therefore indicated in cases where there are no primary or secondary lesions of the kidneys. In short, the diuretic action of calomel is not present in cases which present symptoms of nephritis.

(2) The daily administration of 0.30 to 0.50 gramme (four to six grains) for six to ten days never produced an unfavorable effect on the general condition of the patient, notwithstanding the reports of Fürbinger, Leyden, Stiller, and other authors to the contrary.

(3) In some cases a tolerance for calomel was obtained by combining it with opium in large doses, but this effect was not constant; in some patients the simultaneous exhibition of opium has not prevented intense saliva-

tion, followed by an abundant secretion of urine.

(4) Frequently it was found necessary to suspend the calomel on the fourth or fifth day, before the diuretic action was produced, on account of intolerance. It is a remarkable fact that the tolerance for calomel is greatest in those cases in which the diuretic action is most rapidly produced. On the other hand, the tolerance is least where the urinary secretion has not been increased by the third or fourth day, in which case the drug accumulates in the system and produces stomatitis.

(5) During the administration of calomel the urine undergoes certain modifications; the urea and the solids in general are increased; but this increase is very slight, and it is not settled whether it is a direct effect of the drug or a natural result of increased diuresis.

(6) In some cases of ascites, calomel does not produce the desired effect until the fluid is evacuated by puncture or otherwise, because of the pressure on the renal veins.—*Satellite*.

SUMMARY ANALYSIS OF URINE.

Hager's method (*La France Médicale*) consists in exposing filtering paper steeped with a drop of urine, to a temperature of 150° to 200°.

For this purpose, we use a petroleum lamp with a circular wick, furnished with a chimney of from sixteen to twenty centimeters above the flame, and giving a flame of two and one-half millimeters in height.

We let fall a drop of urine on a piece of this filtering paper, of medium thickness, four centimeters in extent, and we expose this drop of urine two or three centimeters above the chimney of the lamp, for three or four minutes, without scorching the paper.

The following results are to be observed:

Normal Urine: Stain is hardly visible, without border, sometimes pale yellow.

Albuminous Urine: Yellowish, or reddish yellow, stain, without border, or with very slight border.

Urine with Sugar: Stain brownish

yellow, brownish, brown, pronounced brown, according to the quantity of sugar, and always with a very pronounced border.

Urine containing Morphine: Yellowish stain, with border.

—*Times and Register*.

THE RELATION OF THE PANCREAS TO DIABETES.

There are two chief theories for the explanation of the facts of diabetes, writes M. Lépine (*Lyon Med.*): The first that the glucose in the blood is not oxidized as much as in the normal state—a view supported by the low temperature of the diabetics; the second that too much glucose is produced from the food, perhaps by the liver. This may be due to nervous influence, and may explain the usefulness of opium and antipyrin. Both theories may be in part true, but they are incomplete: they do not explain cases of pancreatic diabetes. Such cases M. Lancereaux has proved to be genuine; and when there is complete atrophy of the pancreas there is always sugar to be found in the urine. MM. Mering and Minkowski have recently shown that in the case of dogs complete removal of the pancreas is followed by the passage of sugar, but that this is avoided if a small part of the pancreas is left, even though the duct is removed. The result consequently is not due to the absence of the pancreatic juice in the intestine. It is most easily explained by the hypothesis that the pancreas manufactures a sugar ferment, which is absorbed by its veins and carried to the liver by the portal vein, where in a normal condition it helps the usual change of glucose. An experiment was carried out on two dogs of equal size. They were both kept fasting for thirty-six hours. The first was left untouched and unfed for sixty hours, and then bled to death. The second had the pancreas completely removed some time before; and after fasting sixty hours was also bled to death. When the blood was taken from the two bodies there was nearly three times as large a percentage of sugar in the one without its pancreas as

in the other; and the other important point was that after the two specimens of blood had been left for fifteen hours under the same conditions, the blood from the healthy dog had lost 33 per cent. of its sugar, whilst that from the other dog had only lost six per cent. This M. Lépine considers to be proof of the loss of ferment in the animal that had previously been deprived of its pancreas.—*Canada Lancet*.

THE PHYSIOLOGICAL ACTION OF IODIDE OF POTASSIUM

Iodide of potassium (*La France Médicale*) has no action on the cardiac muscle itself, or on the contractibility of any muscle. The error which has existed so long in this regard is due to the fact that the conditions in which the experimenters were placed was defective; we must not, in reality, cause direct action of the agent on the muscle, as was done by Claude Bernard with the sulpho-cyanide of potassium, but we must examine the condition of muscular contractibility after the passage of the medicament in the blood. This method was used with the iodide of potassium, and I am satisfied that the action of this substance on the heart was not primary, and that the action of this organ is only modified as a result of the action of the iodide of potassium on the central nervous system.—*Times and Register*.

STROPHANTHUS IN INFANTILE DISEASES.

M. Moncorvo has treated infantile diseases with strophanthus, and comes to the following conclusions: As a diuretic and for combating cardiac disturbance, strophanthus is invaluable in infantile therapeutics. Its action is prompt and energetic. It is perfectly innocuous. The tincture in mitral or aortic lesions with hyposystole and oliguria restores cardiac tone, regulates the rhythm, and strengthens the pulse. In infantile pneumonia or broncho-pulmonary affections, accompanied by cardiac weakness, strophanthus is a valuable heart tonic. M. Moncorvo has not observed any marked influence on the

nervous system or temperature. The action of strophanthus persists long after the treatment has been discontinued. M. Moncorvo employed an alcoholic tincture in doses varying from four to twenty-eight drops in twenty-four hours.

—*Amer. Practitioner and News*.

DIET IN URINARY INSUFFICIENCY.

Dujardin-Beaumetz (*Medical Age*) concludes: Two principles should form the basis upon which the dietary for patients suffering from urinary insufficiency, as also for albuminuric cases, is built, viz.:—(1) To prevent, as far as possible, the formation of poisonous products or toxines in the system; (2) To reduce to a minimum the quantity of toxines introduced into the organism. Hence all forms of meat should be forbidden, especially game, which is apt to be tainted, for it is an error to suppose the various sorts of meats do not contain ptomaines. As to aliments which may be given, the first place should be given to eggs well cooked, as they have no influence upon the production of albuminuria. Omelettes and starchy matters (especially pure), as of potato and peas; also green vegetables well cooked. For beverages, milk is especially recommended; and if any wine be taken, it should be white wine diluted with water. If any meat at all is allowed, it should be beef *à la mode*, chicken with rice, or fresh pork. From time to time a light purge may be given, and by rigidly adhering to the principles concerning diet above laid down, life may be prolonged for a long time.

ARISTOL, A SUBSTITUTE FOR IODOFORM.

A new iodine derivative of thymol has been patented and introduced as an iodoform substitute under the name of "aristol." It is said to be dithymol di-iodide, and is made by the addition of a solution of iodine in potassium iodide to a soda solution of thymol. A voluminous, red brown, amorphous precipitate results, containing 45.8 per

cent. of iodine. This is insoluble in water and in glycerine, slightly soluble in alcohol, and easily in ether and fixed oils. Aristol is said not to be poisonous, as it is not absorbed by the system. In the treatment of psoriasis it is claimed to act as favorably as chrysarobin, while it possesses the advantage of not causing the same intense coloration of the skin, or producing symptoms of conjunctivitis. It has also been used for lupus, while its lightness renders it valuable as a dusting powder for wounds and burns.—*Amer. Practitioner and News.*

QUESTIONS CONCERNING THE CÆSAREAN SECTION.

No one has a right to speak with greater authority upon this subject than Säger. An article which he has contributed to a recent number of the *Centralblatt für Gynäkologie* gives a brief history of the operation since the publication of his paper of eight years ago, in which he advocated improvements and modifications of the old, classical, and in many ways faulty operation. With candor he admits that some of his propositions at that time have properly been superseded by others. He considers the fundamental elements to success in this operation to be asepsis and the proper suturing of the uterine wound. The five necessary steps are incision of the abdomen, incision of the uterus, extraction of the uterine contents, suture of the uterine wound, and suture of the abdominal wound. He thinks the danger of hemorrhage has been over-estimated. If the uterine wound is properly closed, there can be no hemorrhage except from the interior of the organ, and if the organ is in a state of atony, that will occur even when delivery has been accomplished through the natural channels. This leads him to lay down the absolute rule that the operation should not be performed until labor had begun, and the most auspicious time is toward the close of its first stage. Those who have performed it before the conclusion of the usual term of pregnancy have usually had occasion to regret it. He favors Dührssen's method of tamponing

the uterine cavity with iodoform gauze should atony with hemorrhage occur. He also has positive opinions respecting the use of the elastic ligature for the constriction of the uterus during the operation, believing that unless the constriction is moderate and of short duration atony and hemorrhage will be encouraged. Schauta's method of constricting the uterus with the hands is recommended as a good one, though not always easy of accomplishment. A better method would consist in throwing a broad bandage of some antiseptic material around the organ and constricting it with the hands to the necessary degree. He is decidedly in favor of the longitudinal incision in the anterior wall of the uterus rather than the transverse incision of Kehrer or the longitudinal incision in the posterior wall of Cohnstein, even though the placenta is implanted upon the anterior uterine wall. Washing out the uterus with antiseptic solutions is deemed unnecessary and in some cases injurious, and even the toilette of the peritoneum need not be very elaborate, as it is now believed by competent observers that a moderate quantity of blood, serum, or cystic fluid in the abdominal cavity does no harm.

These are the main points of this very useful article. It is interesting to note the increasing measure of success that is attending this operation everywhere, but especially in our own country. There are doubtless unsuccessful cases among us still, but at least in those that are published—and there is scarcely a week in which a report of one does not appear in one or another of our journals—we no longer see the dismal record which was so mortifying and disheartening a few years ago. With increasing experience in abdominal surgery, especially on the part of some of our younger men, there is danger that the operation will be done when delivery might safely be accomplished *per vias naturales*. It should not be forgotten that this is not an operation of election, but of necessity, and no burning zeal for capital surgery, even though one is skilful and ambitious, will justify its performance save in extreme cases.

What are extreme cases? This is a question upon which no hard and fast lines can be drawn. It must be decided with full consideration of the responsibilities of the matter, and with a judgment that weighs with even balance the all-important interests at stake.

—*N. Y. Med. Journal.*

MISPLACED PREGNANCY IN THE EARLY MONTHS.

1. The diagnosis of early misplaced pregnancy is beset with considerable, but not insuperable, difficulties, and can ordinarily be made with positiveness.

2. The steps in diagnosis are, the establishment (*a*) of pregnancy; (*b*) of the absence of the ovum from the uterine cavity; (*c*) of its presence in either the Fallopian tube, or pelvic cavity.

3. Ova destroyed by electricity in the early months of misplaced pregnancy may be completely absorbed, or so nearly so as to leave no perceptible trace at their former site.

4. The treatment of early misplaced pregnancy (previous to the fourth month) should consist in: (*a*) Before rupture, the continuous galvanic current. (*b*) After rupture into the broad ligament, if hemorrhage be slight and symptoms not urgent, the galvanic current; if considerable and symptoms be urgent, laparotomy. (*c*) After rupture into the peritoneal cavity, laparotomy. —*BRIGGS, Oc. Med. Times.*

THE INFLUENCE OF BROMIDE PREPARATIONS ON MENSTRUATION.

In the *Wiener Med. Blätter*, Dr. M. Ernst calls attention to a fact which has, perhaps, been already frequently observed by others, that bromide preparations, especially bromide of potassium and bromide of sodium, exert a marked retarding influence on the period of menstruation. He reports, as illustrative of this statement, the case of a young girl, eighteen years of age, who was under treatment for epileptic convulsions. For the four previous years she had menstruated regularly, and, according to the mother, the first epilep-

tic attacks occurred when she was six years of age, and since puberty the intervals between the convulsive seizures had been rapidly decreasing. For the last few months the patient had been taking thirty, and then later forty-five, grains of bromide of sodium daily, with the result that the attacks appeared at much longer intervals, and were much milder in character. At the same time it was noticed that the menstrual period, instead of occurring perfectly regular as before, now occurred only every five or six weeks, and sometimes eight weeks elapsed before the reappearance of a period. A second similar case is also referred to, likewise that of an epileptic woman, in whom again the menstrual periods were retarded in their appearance under the influence of the bromides. These cases seem to prove that the interference with menstruation was not attributable to the epilepsy itself, but seem to show that it was directly due to the action of the bromides. Further observations are desirable to determine whether this result is accidental, or whether it may be expected to follow prolonged use of the bromides. —*Therap. Gaz.*

RESULTS OF OPERATION FOR TUBERCULOSIS OF THE BLADDER.

At the French Congress of Surgery, 1889, Prof. Guyon (*Annales des Maladies des Organes Genito-urinaires*), gave his latest account of the results of his operations performed for tubercle of the bladder in four cases. His procedure had been to open the bladder above the pubes, to explore carefully, and to remove the tubercular patches in the mucous membrane by scraping and by the cautery. In one case out of the three the result appears to have been eminently successful; and it is now five years since the operation. The man has been able to resume his work as an artist, and to get married and have a child. He makes water about every two or three hours during the day, and is disturbed about three times in the night. The extent of the vertical disease is not again mentioned, but in the

three fatal cases it was evidently too far advanced and affecting other organs to be removable, but the condition of the parts operated on was very satisfactory, and showed very little tendency to recurrence. In one case, however, where the disease was more deeply placed, the results were not so encouraging. He is inclined to look hopefully on the operation where the tuberculosis has not advanced too far. The extent of the disease cannot, however, be determined at all easily, and it is only by cystotomy that the condition of the mucous surface of the bladder can be seen, and then only to a limited extent. After his sanguine views about operations in these cases, he concludes his paper with the somewhat contradictory remark that medication was specially to be urged in cases of tubercle of the bladder, though operation is the possibility in all other cases of tubercular deposit.

—*Lond. Med. Recorder.*

SCROTAL PNEUMATOCELES.

Verneuil says (*Bull. Med.*, Mch. 2, 1890): the rare condition in which the scrotum becomes the seat of a diffuse or circumscribed tumefaction, due to gaseous distension, comprises several distinct varieties, according to the situation of the gas, the nature and source of the latter, and the effect on the tissues and on the organism as a whole. (a) The gas may collect either in the connective tissue or in the cavity of the tunica vaginalis. In the first case, it constitutes a subcutaneous pneumatocele; in the second, a vaginal or serous pneumatocele. Both varieties may exist at the same time. (b) The nature of the gas may be widely different. It may contain oxygen, nitrogen, and carbonic acid in variable proportions; or the gas may resemble that of intestinal origin. The first of these entails no particular danger, and is benign, but it is quite otherwise when the effused gas is heavily charged with impurities. The effect of the latter is to provoke inflammation, with a tendency to suppuration and gangrene. Scrotal pneumatoceles are never idiopathic, and are invariably preceded by lesions in the scro-

tum itself, or in some region more or less removed. There may be a wound allowing of the entrance of air, such as puncture with a trochet, while pneumatocele due to distant lesions may be due, in order of frequency, to:—(1) Wounds involving the respiratory passages; (2) wounds involving the intestines; and (3) abscess, whether faecal or urinary, situated in proximity to the genital apparatus. The treatment is purely symptomatic. In the so-called aërial pneumatocele, the most that is recognized is simple puncture and compression; but in the more serious forms, free incision, scrotal resection and even castration may become necessary.—*Lond. Med. Recorder.*

CHOLECYSTENTEROTOMY.

At the Société de Chirurgie M. Til-laux spoke on operations in general on the biliary organs, and gave an account of a man on whom he performed cholecystenterotomy. This man, æt. 38, entered the hospital suffering from intense pain over the hepatic region, and a well-marked jaundice; the urine was almost black, and the dejections entirely discolored, with the appearance of plaster. Examination showed the presence of a tumor over the gall bladder of the dimensions of an infant's head. Immediately an operation was proposed and accepted. The abdominal wall being incised, the gall bladder was tapped, and then drawn out, opened more largely, and fixed to the external wound. An attentive exploration having assured the absence of all calculi, M. Til-laux determined to create an anastomosis, as the cystic canal was permeable between the gall bladder and a loop of the small intestines. The operation succeeded very fairly; the fæces became colored again, but a bronchitis supervened, which hindered the occlusion of the external wound, and the patient fell into a cachectic state and finally succumbed. The autopsy revealed a cancer of the head of the pancreas, which obstructed the canal.

M. Le Dentu produced a calculus which he removed from the gall vesicle of a woman a month ago. This patient

suffered also from floating kidney. Cholecystotomy was performed, and the patient is now perfectly cured. The calculus was voluminous and difficult to extract. The occlusion of the fistula was impeded for some days by spasms of the sphincter, which, however, were overcome by bromide of potassium.

—*Med. Press and Circular.*

CORROSIVE SUBLIMATE FOR GRANULAR LIDS.

In the *Annales d'Oculistique*, Dr. Arnauts reports excellent results in the treatment of granular lids by the application of solutions of corrosive sublimate of a strength somewhat greater than is usually employed. He prescribed collyria of corrosive sublimate in the proportion of 1 to 500 and 1 to 400, and of this one or two drops are instilled into the eyes two or three times daily. He admits that solutions having this strength excite some transient irritation of the conjunctiva; but this disappears in the course of a few minutes, and may be prevented by the antecedent instillation of a few drops of a solution of cocaine hydrochlorate. The remedy, he observes, costs little, and admits of easy application; and reduction of the granulations soon takes place. The effects of the solution are also well marked in causing the vascularization of the cornea to disappear. The same plan of treatment can also be adopted with advantage in cases of ulcers of the cornea, many of which will rapidly heal under the influence of the solution. Dr. Arnauts records several cases showing the advantages to be derived from its use.—*Practitioner.*

ANTISEPTIC DRESSING AFTER VACCINATION.

Dr. John Bark describes, in the *British Medical Journal*, an antiseptic pad which he is in the habit of applying to the vaccinated arms of children on the eighth day, at which time the dangers of septic absorption begin. The pad is as follows: It is composed of either boracic or eucalyptus absorbent cotton wool, or of Hartman's perchloride wood wool

wadding (the best, because most absorbent), the whole covered at the back and edges by antiseptic gauze. It is fastened to the arm by two straps of soft, half-inch tape, and is prevented from slipping down by another tape passing from the upper border to the opposite axilla. This is retained in position for six or seven days, by which time the inflammatory infiltration has usually entirely disappeared, and a hard scab replaced the vesicles. The advantages he claims for this protector are:

1. It protects the arm from external violence.
2. It absorbs all discharge.
3. It reduces the risk of septic absorption.
4. It cannot be used a second time, like the ordinary shield.
5. Lastly, and not least, is its extreme cheapness.—*Times and Register.*

TREATMENT OF INCONTINENCE OF URINE IN CHILDREN.

It is very important (*Annales d'Orthopedie*) to recognize the cause of the incontinence. If local causes have to be excluded, the probable cause is a simple nervous debility; puberty will probably end this trouble. Local causes should be treated if diagnosed. If the urinary passages are too irritable, belladonna will give good results; if the sphincter lacks tonicity, strychnine will doubtless prove useful. It is impossible to predict what medicament should be used.—*Times and Reporter.*

ICE IN THE NIGHT SWEATS OF PHTHISIS.


Rosenbach (*Pr. Med. Wochsch.*) recommends for arresting the night sweats, which so enfeeble the phthisical, applications over the abdomen of a bladder half full of ice, and to let it remain several hours. The patients tolerate it very well, even when they present an evening elevation of temperature. This means succeeds where atropine has failed, as well as powdered salicylate of soda sprinkled over the entire body.—*N. Y. Med. Times.*

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,
EDITOR AND PUBLISHER,
199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, May 31, 1890.

The Week.

THE AMERICAN MEDICAL ASSOCIATION.

THIRD DAY'S SESSION.

The report of the Nominating Committee as given in our last issue was concurred in with the exception as to the place of meeting, in which Washington instead of San Francisco was selected.

The address in surgery having been delivered by Dr. Logan, and that of Dr. Woods on dietetics, Dr. Moyer, of Chicago, introduced a resolution to the effect that hereafter all general business of the session shall be conducted from the floor of the house and not from the stage. This was like a rift in a cloud that had hung as a seemingly never-ending pall over this grand body of American practitioners of medicine. It was greeted with applause. Dr. Toner, one of the stagers, at once arose and demanded an explanation of the animus of the resolution, and to what particular business it referred to, following which a motion to table was lost by a vote of eighteen to the house, and Dr. Toner

and his *confrères* came down to the floor. Dr. Grissom, of North Carolina, made an able speech in favor of the resolution as one in accordance with the usages of all legislative bodies, while Dr. Brodie, of Detroit, one of the stagers, was very much opposed to the innovation. All the same, the resolution was adopted by an overwhelming vote. The brightness of the sun shone through the rift with a clearness and beauty not seen in a long time.

Another and a wider rift came when the President beckoned Dr. Comegys that he would be allowed the privilege of the floor. (Since the previous day's session the President had been in a hypnotic condition, while his eyes were closed as if in a profound slumber. The spirits of suggestion began to make known their presence. One, clothed in white and bearing a banner on which was inscribed the device, "Justice clasped by Honor," suggested to the sleeper the necessity of undoing some of the previous day's work, and the wrong done must be publicly and officially retracted. Other spirits, clothed in white and bearing devices of "Righteousness," "Peace," "Harmony," "Love," "Charity," "Good-will" and "Benevolence," echoed the suggestion. There were other spirits flitting here and there and all around the sleeper, that wore off colors and bearing devices—"Power," "Authority," "Ruler," "Magnate," "Majesty." These spirits continuously suggested that all the world knew the king could do no wrong, you are king of the medicos, you are autocrat, a man or measure that is killed cannot be brought to life. The now grand old man beckoned away all these alluring, deluding spirits that were clothed in off colors, saying: "Depart from me!" And clinging to "Justice," "Charity" and "Love,"

whose habiliments were of the purest white, said: "Though I were absolute king and autocrat of the medicos, I will be just and fear not, and with gladness right all wrongs that are within my power." With this resolution firmly fixed in his mind, he passed from the hypnotic state or condition to one of peaceful, natural slumber, in which he seemed to go back to an old home on the banks of the Genessee, where on his own couch he was ready to proclaim: "I have fought a good fight, I have kept the faith; now let me die the death of the righteous and let my last end be like his.") Dr. Comegys took the floor, and the President admitted his mistakes of the previous day and made a manly apology to the doctor and the Association, as did also the member who had so vigorously orated on an imaginary conception that was wholly wrong. Dr. Comegys then stated his case by explaining that his resolutions were not intended to attack or reflect on the management, but, with the concurrence of the trustees, were offered as an aid in their efforts to enlarge and otherwise improve the journal and make it more generally useful to the profession.

The hour was long past for adjournment. Many had gone and more were going; others were very anxious to discuss the subject, but felt that it were better to adjourn.

THE FOURTH DAY'S SESSION

Was opened with a general feeling of satisfaction and congratulation, it being conceded that the section work would be shown to be equal, if not superior, to that of other years, while it was pleasant to know that the registration-books showed a total of more than nine hundred delegates present.

Getting down to work, Dr. Brodie

offered the following resolution, which was adopted:

Resolved, That at the next meeting of the American Medical Association the Chairman of the Committee on Arrangements is hereby instructed to have tickets prepared for admission to the first two meetings, which shall be given the member upon the payment of his annual dues, the same to be shown at the door to a person appointed for the purpose.

Resolved, That the Committee on Arrangements prohibit at the next meeting the placing of all papers and periodicals in the seats for delegates or others, whether relating to the Association or not.

The following resolution by Dr. Hollister was adopted:

WHEREAS, Certain parties, without authority, are presuming to make use of this Association for the furtherance of advertising interests; therefore,

Resolved, That at all future meetings of the Association such publications be excluded from the places of meeting either of the general sessions or its sections.

Resolved, That in the future each Chairman of a committee of arrangements be directed to procure a copyright of the official programme to the end that the financial rights of the Association may be protected by due process of law.

The following resolution by Dr. Culbertson was presented:

Resolved, That the following by-law be added to the by-laws of the Association: that the State and geographical district societies in affiliation at this time with this association, having a membership of one hundred or more, shall be recognized as branches of the American Medical Association.

Resolved, That all members of said societies shall enjoy all the rights and privileges now accorded the delegates.

Resolved, That the said organizations be overtured through our Permanent Secretary to take such action as will enable them to concur in these resolutions.

These resolutions were discussed and indorsed by Drs. Hamilton, Bailey and Love.

Dr. Daly, of Pittsburg, offered the following:

Resolved, That permanent members shall be entitled to and enjoy all the rights and privileges of delegates.

The resolutions offered by Drs. Daly and Culbertson, having the function of by-laws and having for their purpose a material change in the working plan of the organization, according to the rules

of the Association went on the calendar for action at the next annual meeting.

Dr. Toner then presented his resignation as a member of the board of trustees of the journal. This was accepted and the out-going President elected to the vacancy. This board now consists of Drs. Hollister, of Chicago; Love, of St. Louis; Dawson, of Cincinnati; Garcelon, of Maine; Hooper, of Arkansas; Hamilton, of Washington; Shoemaker, of Philadelphia; Nelson, of Tennessee; and Moore, of New York.

Some additional miscellaneous business brought the Association to the closing hour, when Dr. C. S. Briggs was introduced as the new President of the Association.

The customary vote of thanks to everybody that had worked for or added to the pleasures of the occasion was heartily tendered. In this connection we note with the profoundest pleasure the increasing number of members' wives that attend this great annual gathering, and that at this meeting at Nashville the ladies of that city have fairly outdone themselves as charming hostesses, while our own language stops bluntly short from sheer inability to express our very great admiration for their wonderful labor of love manifested for the toilers in the most beneficent of all professions.

THE OHIO STATE MEDICAL SOCIETY.

The Ohio State Medical Society meets in Columbus next Wednesday, June 4. The programme is full of interest and it is hoped the attendance will be large.

The man who plods along day after day in the same old round, to see the identically same people, only at rare intervals meeting a professional brother,

misses very much more than he dreams of in not attending every one of these great gatherings of the profession. The live, progressive, go-ahead-and-get-there man goes every time, and whenever it is possible takes his wife. At any rate he is always there, and has his little say in discussion or reads a paper that shows his diligence when at home. He knows very much more than the use of a mustard draft as a counter-irritant, and calomel and jalap as a purgative, and a real good thing about him is his wonderful willingness to tell those that he regards as the humdrum laborers in the land all he knows, and occasionally some things that he only imagines he knows; still, however, and after all, he is the fellow that gets there. So we had better accept the situation and conditions, and get in the same car and go along with him to all the meetings. The going is good and profitable. Let's go!

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—The following changes have been made in the Faculty: Dr. J. H. Anders transferred from Diseases of Children to Clinical Medicine; Dr. Ernest Laplace made Professor of Pathology and Clinical Surgery; and Dr. Samuel Wolfe Professor of Physiology.

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, June 2, Dr. W. S. TINGLEY read a paper on "Migraine," and Dr. A. G. DRURY will report a case of "Puerperal Hemorrhagica with Intestinal Hemorrhage."

CINCINNATI MEDICAL SOCIETY.—

Tuesday, June 3, Dr. MAX THORNER will report a "Case of Foreign Body in the Bronchus;" Dr. EICHBERG will read a paper entitled "Focal Myelitis with Secondary Ascending and Descending Degeneration," with microscopic specimens.

AMERICAN PEDIATRIC SOCIETY.

The second annual meeting of the American Pediatric Society will be held in New York, June 3 and 4, 1889, at Mott Memorial Hall, Madison Avenue and 27th street.

PROGRAMME.

1. Presidential Address.
2. Unusual Case of Metallic Poisoning in an Infant. H. C. Haven, M.D., Boston.
3. Some Manifestations of Rachitis not always associated with severe Bone Changes. Walter L. Carr M.D., New York.
4. Management of Human Breast Milk in Cases of Difficult Human Digestion. T. M. Rotch, M.D., Boston.
5. Some Observations upon the Stomach Capacity of Infants. L. Emmett Holt, M.D., New York.
6. Milk Sterilization. C. G. Currier, M.D., New York.
7. The Use of Opium in Intestinal Diseases. Discussion introduced by F. Forchheimer, M.D., Cincinnati.
8. Some Points in the Etiology and Treatment of Diarrhœal Diseases of Infancy. F. M. Crandall, M.D., New York.
9. Summer Diarrhœa in Infants. C. W. Townsend, M.D., Boston.
10. Observation on Bact. Coli Comune (Escherich). V. C. Vaughan, M.D., Ann Arbor.
11. A Fatal Case of Purpura Hemorrhagica. Henry Jackson, Boston.
12. Hemophilia. H. M. Biggs, M.D., New York.
13. Congenital Cardiac Disease. J. Dornig, M.D., New York.
14. Mitral Stenosis. W. A. Edwards, M.D., San Diego, Cal.
15. On what Symptoms may we base a Diagnosis of Tubercular Meningitis? W. C. Northrup, M.D., New York.
16. Cerebro-Spinal Meningitis. B. Scharlau, M.D., New York.
17. Etiology of Empyemia in Children. Henry Koplick, M.D., New York.
18. Diabetes Mellitus in Children. F. Forchheimer, M.D., Cincinnati.

19. A Case of Purulent Peritonitis. J. J. Reid, M.D., New York.

20. Unusual Sequelæ of Diphtheria in a Girl of Twelve. Aug. Caillé, M.D., New York.

21. Technique of Intubation, with a Report of 350 Cases. Dillon Brown, M.D., New York.

22. A Case of Sarcoma of the Kidney. F. M. Warner, M.D., New York.

23. Dactylitis in Children. L. S. Rau, M.D., New York.

24. Discussion — How to Prevent Diphtheria and Scarlet Fever. Introduced by Drs. A. Caillé and J. Lewis Smith.

25. A Case of Dextro-Cardia with Rudimentary Lung. A. Jacobi, M.D., New York.

26. Simple but Efficient Medication in Pediatrics. C. W. Earle, M.D., Chicago.

27. A Case of Congenital Influenza. C. W. Townsend, M.D., Boston.

J. W. LEWIS, M.D., President.

W. D. BOOKER, M.D., Secretary, 851 Park Ave., Baltimore.

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NEW NOVEL.—“The Bell of St. Paul's,” by Walter Besant, has rapidly attained a large and deserved popularity. In it the author says, “This is an Age of Apollinaris Water”—a very true remark, seeing that no less than fifteen million eight hundred add twenty-two thousand bottles were filled at the Apollinaris Spring in the year 1889.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,

J. C. OLIVER, M.D.,

OTIS L. CAMERON, M.D.,

OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

STATISTICS OF BLINDNESS.

ELEVENTH CENSUS.

All physicians are in receipt of printed blank forms for the purpose of tabulating such cases of the insane, idiotic, crippled, deaf, blind, sick or disabled as may be known to them. It is hoped that such returns will be widely, fully and carefully made. By such widely-concerted work a very valuable fund of vital statistics can be gathered.

The undersigned has undertaken to make the list of "blind" *for this section of country* as complete and accurate as possible. It is very important to obtain accurate data as to etiology in these cases to make the statistics of any great value.

While the undersigned desires every physician to make out and forward his own list direct to Washington, he requests all physicians to send to him all names (*and addresses*) of all those blind in both eyes to the extent of incapacitating them from ordinary avocations.

Where the etiology is not clear in any such cases the writer will call upon them (in Cincinnati, Covington or Newport) and by personal examination properly fill in this important column.

Very respectfully,

DAVID DEBECK, M.D.,
Cincinnati, O.

Brittany Bldg., 9th and Race.

INFANTILE CONVULSIONS.—I was called to attend a child, aged fourteen months, with convulsions; when I arrived I found it in one of the worst fits that I had ever witnessed. I found the cause to be produced by congestion of the stomach. I gave ten drops of Peacock's Bromides and the child made a speedy recovery; after the third dose I gave a dose every three hours for twenty-four hours, then two doses every day for nine days. The child is now the healthiest of all the family. I also treated two other cases similar to this one with good results, and I can cheerfully recommend Peacock's Bromides.—J. J. JOHNSON, M.D., Davenport, Va.

We have a few copies of Dr. W. E. Ryan's "Aphorisms in Diseases of the Rectum," \$1.00. This is an excellent work, and worthy a place in any library.

HEALTH DEPARTMENT OF
CINCINNATI.

Statement of Contagious Diseases
for week ending May 23, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	3						1					
2.....	1					1						
3.....			1									
4.....	1						2	1				
5.....				1								
6.....												
7.....												
8.....												
9.....												
10.....	1				1						1	1
11.....												
12.....							1		1			
13.....												
14.....											1	
15.....												
16.....	4						1					
17.....	1						3					
18.....							4	1	1			
19.....												
20.....						1						
21.....							1		1			
22.....							3	1				
23.....	1				1		2		1			
24.....					6		1					
25.....												
26.....	2											
27.....												
28.....	2											
29.....												
30.....			2									
Cin. Hosp.												
Good Sam. Hosp.												
Totals	16	0	3	1	8	1	21	3	4	2	1	0
Last week.	71	1	10	0	10	0	20	7	4	1	0	

The following is the mortality report for the week ending May 23, 1890.

Alcoholism.....	1
Croup.....	2
Diarrhœa.....	1
Diphtheria.....	6
Scarlatina.....	1
Typhoid Fever.....	4
Whooping Cough.....	3
Other Zymotic Diseases.....	2
Cancer.....	1
Consumption.....	13
Other Constitutional Diseases.....	8

Bronchitis.....	3
Convulsions.....	8
Enteritis.....	3
Heart Disease.....	7
Meningitis.....	6
Pleurisy.....	2
Pneumonia.....	9
Other Local Diseases.....	11-49
Deaths from Developmental Diseases.....	14
Deaths from Violence.....	4

Deaths from all causes.....	109
Annual rate per 1,000.....	17.44
Deaths for corresponding week of 1889....	104
Deaths for corresponding week of 1888....	112
Deaths under 1 for the week.....	37
Deaths under 5 for the week.....	56

J. W. PRENDERGAST, M.D.,
Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 56 cities and towns during the week ending May 23, 1890:

Diphtheria: Cincinnati, 21 cases, 3 deaths; Cleveland, 7 cases, 3 deaths; Toledo, 5 cases; New Vienna, 4 cases, 1 death; Lorain, Utica, Springfield, and Findlay each 3 cases; Columbus and Piqua each 2 cases; Wooster, 1 case, 1 death; Dayton, Geneva, and East Cleveland, each 1 case.

Scarlet Fever: Cleveland, 11 cases; Columbus, 9 cases; Springfield, 7 cases, 1 death; Dayton, 4 cases; Cincinnati, 3 cases, 1 death; Sandusky and New London, each 3 cases; Lorain and Bloomville, each 2 cases; 1 case each in Wooster, Zanesville, Toledo, Utica, Lancaster, Middletown, Elyria, and Geneva.

Typhoid Fever: Cleveland, 9 cases, 2 deaths; Cincinnati, 4 deaths; New Straitsville, 3 deaths; Springfield, 2 deaths; Crestline, 1 case, 1 death; Youngstown, 1 death.

Whooping-Cough: St. Paris, 20 cases; Cincinnati, 8 cases, 1 death; Elyria, 4 cases; Pike Tp. (Stark Co.), 3 cases; East Cleveland and Defiance each 2 cases; Cleveland, 1 death.

Measles: Conneaut, 25 cases; Middletown, 21 cases; Cincinnati, 16 cases; Cuyahoga Falls, 14 cases, 3 deaths; Warren and Elyria, each 12 cases; Garrettsville, 11 cases; Springfield, 9 cases; Lorain, 6 cases; Versailles, 5 cases; Youngstown and Felicity each 2 cases; Cleveland, 1 case, 1 death; Arcanum and Geneva each 1 case.

The following places report no infectious diseases present: New Carlisle, South Charleston, Kent, Glendale, Carthage, Fostoria, Wellston, West Liberty, Bainbridge, Smithville, Springboro, Higginsport, Ada, Monroe Tp. and Wabash Tp.

C. O. PROBST, M.D., Secretary.

MISCELLANY.

A REVERSION IN EDUCATIONAL IDEALS.

At a recent dinner of Harvard Alumni in Detroit, one of the speakers, Mr. T. S. Jerome, made the following unusual and peculiar comments upon the espousal by the University of Michigan of the cause of coeducation of the sexes:

"With all possible deference to our worthy *rex bibendi*, I find it not easy to determine just why a person like myself, who has the most bigoted prejudice against what is ordinarily termed the higher education of women, should be put forward to speak on an institution which has that end in view. Nor is it any easier to understand just what right the New England Society for the Collegiate Instruction of Women has to claim our attention at a Harvard dinner, for I feel quite confident that the sturdy common sense of our Puritan ancestors and of good young John himself would have revolted at the spectacle of an institution for teaching hens to crow. '*Veritas*' is the motto, and means, as it seems to me, not merely truth in the narrow sense, but truth as well in the broader and more fundamental sense of a harmony between our conduct and ideals, and the eternal fitness of things;—and surely a system which, ignoring the fact that the State is lost unless a large proportion of its women become obedient wives, and as such perform generously their physical function, but rather attempts to establish a scheme of education apparently designed with reference to turning out females well fitted mentally and physically, if not morally, for a life-long virginity;—such a system, I say, is true as regards neither propriety, nor expediency, nor sentiment, nor reason. Certain it is that John Harvard's ghost would stalk dolefully over the Cambridge Common did he know that even in slang his name was applied to one of these creations of the Nineteenth Century's hysterical superficiality.

"Yet, in one sense it is appropriate, at a gathering of those who hope for the

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

prosperity of that ancient university in the old city 'dreaming by the sluggish Charles,' to consider this matter, for this question, with its allied and correlated ones, is a cloud which threatens the real growth of that and every other university. I say the real growth—I do not mean the growth in numbers. We have near us an institution to which I am far more closely related than to Cambridge. It has become pre-eminent in the country for numbers. Vast hordes of superfluous women throng its classrooms. But the feminine influence, so potent for good when applied to the individual man, but so full of menace and destruction when it essays a wider field than that which its own essential intellectual limitations mark out for it,—that influence is, if I mistake not the signs of the times, slowly but surely driving out that love,—that pride in the Alma Mater,—that exaltation in the student life,—that *esprit du corps*, so to speak,—the existence of which in its full force is absolutely essential to the growth of that intellectual and spiritual entity which is the true University.

"Manifestly, I can do no more on this occasion than merely to refer to this—and take issue with that whole spirit of crude theorizing and shallow perfectionism, which is the saddest and most dangerous sign of the times,—sad, indeed, it is, for it makes a most profound fall from our old estate, when men, hard-headed, pawky men, hated not even when dressed up in fine phrases,—when masculinity was felt to be as much a reproach to women as femininity to men, and when none were thinking continually of their rights—which are often no more than a right to make fools of themselves, but all were, as our Harvard motto has it simply and submissively,—'for Christ and the church.'

"I will say, in closing, only this: I recognize that I am baying the moon. The march of events is against the ideas which I have been promulgating, and I believe things must grow worse before they begin to grow better. Perhaps the old Yankee blood, once so strong and so good, will, at last, go down babbling, and a healthier race of less advanced thinkers will take its place,

And now, at any rate, we can console ourselves with the reflection that the foul blot of co-education has not as yet besmeared and besmirched fair Harvard, and that this annex, so called, is, as was said of the somewhat irregular and unwelcome infantile arrival, 'only such a little one, that it doesn't count.'"

—*Physician and Surgeon.*

PRELIMINARY EDUCATION FOR MEDICAL STUDENTS.

The necessity for a better preliminary education among medical students is becoming more and more apparent as the requirements of the curriculum increase. A two-year course is already a thing of the past in the advanced schools; three years even seem altogether too short if all the scientific training the pupils receive must be had in the medical department.

The compulsory graded classes is a long step in advance of the haphazard scramble of the last generation, but another forward movement is demanded to secure students who shall bring to their work minds trained to scientific thinking. The medical colleges should take men and women fully matured and properly schooled and give them the training appropriate to the practice of their profession.

As to just what preparation is most fitting for medical students, opinions differ. Some would choose the arts, to give a broader scope; others the sciences, to furnish a deeper foundation; but all will agree, and none more heartily than the honest physician who has lacked the opportunity, that some extensive preliminary course is needed to enable the student to do his work properly.

In American colleges chemistry, a fascinating subject if correctly taught and studied, is, as a rule, a neglected and despised bugbear, but had the student on entering, a practical knowledge of the elements of that science, he could appreciate the advance into medical chemistry and toxicology, the laws of incompatibility and the action of drugs, and not, as now, compel the instructor to rush over the first principles and to

crowd upon these half-taught facts in one course a mere smattering of the various departments of this science.

Nor would this advanced student oblige the professor in physiology to waste time drilling into his head the fundamental laws of life which should be a part of the assimilated knowledge of every medical applicant. In this land of flowers how many students know anything about botany? Yet, California has many plants indigenous to its soil, of rare medical virtue.

In a scientific school the young man would have learned many of the laws of science, awakened in himself a lively interest in the branches kindred to medicine, and, better than all, have acquired the power of studying correctly—have trained the eyes to see and the mind to think, and not, as the average classical student, have only the power to memorize.

Again, some men go to art schools for glory, and not because they are adapted to such work. Any graduate can recall the distressing translations of some of their classmates, if not dimly recollect their own plodding, but rarely does a person take up a scientific course from other motives than love or business, two things in which an American is usually in earnest.

Let, then, the medical student of the future have a preparatory course in science, let him of the present be, if possible, a graduate of an art school, and under no consideration, even for the present, should a respectable college receive a person who has a preparation less than an equivalent to that required to enter a classical college in the East. He may trade Huxley for Homer, or Otto for Ovid, but a ground-work in Latin, a familiarity with mathematics, and an acquaintance with the first principles of science are absolutely essential in these days to raise a superstructure of a good medical education.

A man may leave the workshop or counting-house for the doctor's office and make a fair success, but never can reach the point which he would have attained with a proper education.

For the sake of suffering humanity, for the good of the profession, for the

best interest of the individual himself, let colleges insist that their candidates be well schooled and keep over them a watchful eye, ready to dismiss at any time in the course him that lacks the ability or energy to sufficiently educate himself.—[*South. Cal. Practitioner.*]

A NEW DISINFECTANT FOR SEWAGE.

Mr. Woolheim, a Londoner, is said to have discovered a disinfectant which far surpasses anything now applied for that purpose. This is "amniol," a gas which, when introduced into a sewer, rapidly destroys the microbes of putrefaction and of disease. The odor in the sewer pipe is almost instantly displaced by that of the gas introduced, and in less than an hour the sewage thus treated is deodorized and sterilized.

Dr. Klein has in part confirmed the claims of the discoverer, in so far that one sample of sewage examined by him was found to be absolutely sterile after having been treated by the amniol method.

It is to be hoped that further experiments will soon be made with this agent, which will enlighten us as to how long the putrefactive processes can be delayed by it, and the character of microbes it is capable of destroying. If all that is claimed for "amniol" be true, then we will have a new boom in sanitation.

—*N. O. Med. and Surgical Journal.*

A TEST FOR THE PURITY OF DRINKING WATER

Is given as follows by Prof. Angell of the Michigan University: "Dissolve about half a teaspoonful of the purest white sugar in a pint bottle, completely full of water to be tested, tightly stopped; expose it to daylight and a temperature up to 70 degrees Fahr. After a day or two examine, holding the bottle against something black, for floating specks, which will betray the presence of organic matter in considerable proportion."—*Practice.*

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

THE TROUBLES OF A GREAT VIVISECTOR.—Says Claude Bernard, I studied about 1844, the digestive properties of the gastric juice by the aid of a silver canula, which I inserted into the stomach of living dogs without causing them either suffering or loss of health. A healthy dog which I had in my laboratory disappeared one day. A week or afterwards, early in the morning, while still in bed, I received a visit from a man who said he was a Commissary of Police of that quarter. I went to his office, when, to my great astonishment, he showed me the dog I had lost, and asked me if I recognized the animal with the silver instrument in its stomach. I answered in the affirmative and added that I was very much pleased to recover my canula that I supposed was lost. The reply far from satisfying the Commissary of Police, provoked his wrath, for he gave me a reprimand of more than usual severity and threatened me for having the audacity to *use his dog* for the medical experimentation. I explained to the Commissary of Police that I had not taken his dog, but had bought it from a fellow who furnished physiologists with dogs and claimed that he was ordered by the police to dispose of vagrant curs. I added that I regretted having given him cause for anger, but that there was no danger of his dog dying, that I would take it to my laboratory, remove the tube and return him the animal cured of its fistula. This promise immediately mollified the Police Commissary and also calmed the emotions of his wife and daughter. I took the dog home with me, removed the tube, and in a few days its fistula was completely healed. Thereafter, I had no better friend than the Commissary of Police; and when vivisectionists

ran risks of prosecution, I remained safe under his protection, up to the time I took Magendie's chair in the College of France.

* * *

A PATIENT NONPLUSED—A wealthy and fashionable nobleman from the provinces, presented himself at the office of Dr. Voillemer. He complained of tenesmus at the anus and hemorrhage from the bowels every time he went to the water closet; in brief, the local exploration was indispensable, and the surgeon's finger soon vanguished the resistance of the sphincter and determined the cause of the difficulty. The consultation finished, the client demanded his bill. "Twenty francs," responded Voillemer. "You earn your money quickly, doctor," said the patient, who was economical although fashionable. "Can you not reduce the amount of your charge?" "I only ask what is my due," answered Doctor Voillemer. "As to the charge, here are forty francs," and *sa* the physician spoke he dropped his pants and pulled up his shirt, "if you will examine me the same way for this double fee." The patient was nonplussed; he paid his bill and quickly retired.

* * *

HOW WE KNOW THE SAINTS.—A deeply veiled lady descended from a carriage on the corner of the "Rue Prince." She came to consult Professor Pajot for a little affliction that spares neither Kings nor Duchesses of the Court. "Doctor, I have come to see you in regard to a boil that has appeared in a very tender place." With this the lady pulled out a fine embroidered handkerchief and shed a torrent of tears. "Be calm, madam," said Professor Pajot, "if you will be rested, or rather if you will recline on the table. Do not be alarmed." But the lady continued her confession. "The Reverend Father X. —." "Never mind madam, will you turn over to one side? Ah! 'tis nothing but simple patches on the mucous membrane. It is by this mark we know the clerical saints of Paris."

* * *

APHORISTIC MAXIMS.—"*Qui abstiens est, adjiciet vitam.*" "Sobriety will prolong life." "*Medicus cibi medi-*

cus." He who is frugal is his own doctor. "*Plures occidit gula quana gladius.*" Gluttony kills more victims than the sword.

Romans who complain of a multitude of diseases drive away your cooks.

"My friends," said Doctor Hequet to an assemblage of cooks to opulent houses, "I owe you a debt of gratitude for all the good services you have rendered me and other physicians. Without your culinary art of poisoning there would be no hospitals." Addison once remarked: "When I see modern tables covered with rich viands from the four quarters of the globe, I imagine I am in the presence of Gout, Dropsy, Fever and Apoplexy, and that an ambuscade of diseases is lurking beneath every covered dish."

"The qualities of the food contribute to the refinement of the intellect," says Cicero. "Sobriety is the health of the mind," remarks Socrates. "Temperance," writes Charron, "is the surest remedy to prolong life." Alibert notes: "The art of living well is the art of abstaining." A physician once asked Bourdaloue what diet he followed, and that austere priest replied: "I eat but one meal a day." The physician cried out excitedly: "Keep the secret of your health. If you make it public the practice of physic is ruined!" Says Brillat Savarin: "Tell me what you eat and I will tell you what you are." Lussana wrote: "Good humor is the best medicine to recommend while dining." While Montesquieu adds: "One should only talk at table in his every day fashion."

A HOMEOPATHIC SAUSAGE.—Heinrich Heine, the celebrated satirist, was once traveling in France with his wife, when he came across the great violinist, Ernst. The latter handed Heine a superb Lyon sausage, which he requested him to present to a friend, an eminent homeopathic physician on his return to Paris. Heine agreed to attend to the commission and took the sausage. The journey was long, for it was before the days of the rail road, and Madam Heine became hungry and tasted the sausage, which she found delicious and so informed her husband. Heinrich Heine

also tasted it and found the meat exquisite. In brief, before Paris was reached, the delicate Lyon sausage, notwithstanding its large size, had shrunk to a mere fragment; so little was left in fact, that Heine did not dare to send anything but a small slice which he cut off from the remnant with a sharp razor. This slice was as thin as paper and was placed in an envelop duly sealed, which was forwarded to the doctor. A missive with it read as follows:

Monsieur le Docteur: According to your medical investigations, we learn that millioneths of parts produce the greatest effects. Accept then this millioneth portion of a Lyon sausage, which your friend Ernst charged me to hand to you. If homeopathy is a truth, this little particle will produce the same effects on you as would the entire sausage. Henri Heine.

* * *

ABSURDITIES.—The height of innocence: To ask an apothecary for a solution of continuity.

The height of surgical skill: To give light to a dark lantern.

The height of sadness: To be a barkeeper with retention of urine, and to continually hear the gurgle of the liquid as it flows freely through the tap.

* * *

LOVE AND THE DOCTOR.

The doctor and the God of Love are much alike, they say;
Because their services are called upon both night and day.

Ah! there's a resemblance.

The one is very famous when he groweth gray and old,
The other reputation has in Springtime's youth we're told.

Ah! there's a difference.

The doctor and the God of Love are creatures very blind,
For in affections of the heart they make mistakes we find.

Ah! there's a resemblance.

The one is grave and dressed in black, with him a smile is rare,
The other laughs, ne'er dons his clothes and runs about all bare.

Ah! there's a difference.

The doctor and the God of Love in danger all men seek,
They both console and sympathize and strive to heal the weak.

Ah! there's a resemblance.

The doctor, when his fame is great, we all are bound to pay;
From Love, when all its sweets are gone, men silent shrink away.
Ah! there's a difference.

The doctor and the God of Love give many worldlings strength,
They aid our struggles throughout life until death comes at length.

Ah! there's a resemblance.
The one, with good intentions, but simply wounds to cure,
The other, with caresses, gives wounds we can't endure.
Ah! there's a difference.

The doctor and the God of Love, by looking in our eyes,
Can tell if soul be sick or well, can read the truth or lies.

Ah! there's the resemblance.
The doctor only feels the pulse, pressing our hands apart;
But Love goes deeper into us and touches 'een the heart.
Ah! there's the difference.

In spite of all my ninety years, I still indulge in rhyme,
Yet Love has flown away, my heart's the doctor's every time.

[*M. Guitard.*]

THE HEART OF NAPOLEON I.—On May 6, 1821, Dr. Automachi, assisted by Thomas Carswell, proceeded to make an autopsy on the body of Napoleon I. at Longwood. The post-mortem was interrupted by the darkness of the evening. When going to continue the autopsy next morning, the physicians found that the great massive heart had almost entirely been devoured by rats. A fresh lamb's heart was taken and placed in the dead Emperor's thorax. Thus the body of Napoleon, which reposes under the dome of the Invalides, since 1840, contains the heart of an innocent animal instead of that of the hero of Austerlitz.—[*Dr. Bremond.*]

MONEY EASILY MADE.—A comedian from the provinces, so miserly that he could play the rôle of Harpagon most naturally, one day arrived in Paris with a violent toothache, and immediately sought the services of a dentist. In the twinkling of an eye the tooth was extracted. "How much do I owe?" demanded the patient. "Only twenty francs," answered the dentist. Making a wry face the comedian paid his fee

and departed to shortly join a group of friends in an adjacent *café*. "Well, how's your toothache now?" inquired one of his companions. "Gone, but money is easily made here," replied the comedian. "The tooth-pulling operation lasted only a second and cost me twenty francs." The company laughed and one exclaimed: "Well, what of that?" Responded the miserly actor: "Why the last one I had pulled at Aubenas, and it was a molar tooth, too, only cost two francs and it took the dentist three-quarters of an hour to extract the thing. Ah, they all practice extortion in Paris."—[*Gil Blas.*]

A PARISIAN MEDICAL EXAMINATION. Professor Pajot: "When you go to visit a woman, whom you delivered the evening before, what is the first question you ask her?"

Candidate for Diploma: "I would ask how she passed the night, if there had been any fever or hemorrhage, and how the baby was progressing in the new pathway of life."

Professor Pajot: "No, sir. That is not the first question."

Chorus of Students (*in background*).—"Psit—psit—psit!"

Candidate (*suddenly inspired*): "I should ask her if she had urinated."

Professor Pajot: "For a vulgar bladder, be content to ask, *si elle a pissé*, and if she answers in the negative what will you do?"

Candidate for Diploma: "I should practice catheterization or use diuretics."

Professor Pajot: "There are many women who object to the catheter, and diuretics take too long to act."

Candidate for Diploma: "I should await the pleasure of the woman's bladder."

Professor Pajot: "Did you never see the nurses at the Luxembourg? Did you never notice how they hold the babies over the gutter, and separating their little legs provoke expulsion of urine from the bladder by simply saying "Psit, psit?" Did you not know that most women cannot hear water poured from one vessel to another without desiring to urinate? Very well, sir, pour

some water from a pitcher into a metallic basin near the woman's bed, and you will most often obtain the desired result."

Chorus of Students (*enthusiastically*): "Psit, psit, psit!"

AN EMBARRASSED YOUNG PHYSICIAN.—A handsome brunette from the "*Quartier Breda*," asked a modern young doctor, "Where can you vaccinate me where the mark will never be seen?"

The shy young fellow blushed at first, but summoning up his truly Parisian courage replied: "That spot would be very difficult to find." — [*Charivari*.]

AN ITCHING PALM.—Napoleon I., notwithstanding he had vanquished Europe, was three times attacked by the itch, and his physician had much trouble in destroying these acaric armies. The Emperor frequently distributed his malady, and one of his victims left the following quotation on the wall of the Tuileries:

The Emperor gave me h's Royal hand,
His mark of esteem for the noble and rich;
He said to-morrow you'll understand,
And the very next day I had the itch.
[*Dr. Renaude*.]

RICORDIANA.—No one knows better than Ricord the art of putting embarrassed patients at their ease. "Tell me my friend," he was wont to say, "how this thing occurred while you were engaged at decalcomania?" "In my specialty," he once remarked to me, "it is necessary always to think that which we say, but useless to say all that we think." — [*Jehan Pax*.]

BEFORE AND AFTER.—A gentleman of the world, whose canal was well locked at the prostate, was attacked by a violent retention of urine, coming on after too much devotion at the shrine of Venus. In this dilemma the celebrated Doctor Voillemer was summoned and was received with more joy than the Messiah would have been. In a moment the sound was well oiled and penetrated the sufferer's bladder, while the

patient contemplated with delight the golden flow of liquid that escaped from the distended organ. The last drop was not out, when the patient, who was miserly, demanded of Doctor Voillemer the amount of his fee. "Forty francs," answered the physician. "What," exclaimed the nobleman, "that is too dear. One half that amount is all sufficient for five minutes' medical service." The doctor said nothing, but without removing the catheter he took a pint syringe from his satchel and filling it from the chamber out of the warm urine just passed, rapidly injected it back into the bladder before the astonished patient could object. "What are you doing, doctor?" cried the man beginning to suffer again. "You don't intend to permit me to remain filled up." The physician smiled gently and responded: "Certainly, if you only give me half my fee, it is only fair that I should half empty your bladder."

The miserly nobleman took the lesson kindly, and promised a triple fee to be again relieved by the doctor.

IMPROVISATION.—Roger de Beauvoir, in order to conform with modern medical taste, had in his office a magnificent skeleton, mounted on a pedestal. "One day," said Alexander Dumas, "I dined with Beauvoir and Victor Hugo, and the latter examined the skeleton with great curiosity." The host remarked: "My dear Hugo, write a verse on my skeleton," and Hugo taking a pen wrote on the white scapula of the osteological specimen the following lines:

Skeleton, tell me where doth thy soul now belong?

Torch, where has vanished thy dazzling light?
Where is the bird that chanted its beautiful song?

Why left it this cage to vanish in uncertain night?

Vulcan first to man this lava gave.
Where is thy master? Speak out slave!

OPEN-AIR MEDICAL CONSULTATION.—We know that we usually consider medical men asses, yet we are all too willing to consult them on the least indisposition. One of my friends, who resides in a city in the interior of

France, is often annoyed by persons stopping him on the street and asking for advice, for which they never expect to pay. He lately devised an original scheme to rid himself of open-air consultants. When one meets him on the street and complains of some obscure malady, he cries out: "The devil you say! Show me your tongue." After glancing up and down street the consultant timidly extends a small portion of his lingual organ. "I tell you to put out your tongue!" exclaims the doctor angrily; "I can only see the end of it. Stick it out, I say. How can I make a diagnosis without seeing the tongue? Stick it further out. Ah! there. Now close your eyes—that's right." The patient submits with closely shut eyes and his tongue hanging out several inches. This is the occasion the doctor desires, and he disappears with lightning-like rapidity around some corner. The open-air patient always attracts a crowd.

* * *

PROFESSIONAL DEVOTION.—In order to calm the excited imagination of the army, Desquettes inoculated himself with the plague in the open field hospital at Saint Jean d'Acre. He dipped a lancet in the pus of a bubo and introduced the virus into his groin and axilla, and by this heroic procedure gave courage to the soldiers and re-established military confidence and a hope in medical skill. Barthelemy and Mery, in their poems on Napoleon in Egypt, immortalized this doctor in verse.

* * *

AN EXAMINATION ECHO.—A medical student was undergoing an examination. "How would you make a patient transpire?" demanded the professor. "I should employ sudorifics, such as tea, coffee and other aromatic warm drinks."

"But suppose these should not produce the desired effect?" queried the professor.

"Well, in that case," said the student, "I should use the volatile oils, such as ether and the various compounds of alcohol."

"But suppose these should not an-

swer your purpose?" asked the professor."

"I should use triturerated antimony, Jam's powder or Dover's powder," replied the student.

"But if all these means failed?" remarked the professor.

The student was sweating great drops.

"I should take sarsaparilla, bitter sweet, saffron or jaborandi."

"And if even all of these did not act, what then?" queried the professor.

"Then I would send the patient to you to undergo a medical examination," sighed the student.

* * *

TO ASPASIA ON THE DISSECTING-TABLE.

Naked she lies upon the cold gray stone,
With her large eyes half open e'en in death;
Her flesh is livid with a greenish tone—
'Tis several days since she breathed her last breath.

Her laughing mouth, her nose, we still admire,
Her beauty even yet we can discover;
But quenched forever is Passion's burning fire,
She now awaits the worm, her latest lover.

She feels no more man's most unkind caresses,
No more her lips shall sip delirium's wine;
And yet, in spite of all life's drunkennesses,
She still preserves, in death, her charms divine.

The kisses on her mouth are turned to ashes,
The ringlets on her forehead flecked with gray,
The death damp on her long and soft eyelashes—
All evidence ~~of~~ corruption and decay.

The sharp, bright scalpel through her muscles sinketh,
For at dissection's task one must be dutiful;
What though her flesh be worm-eaten and stinketh?

To an anatomist she still is beautiful.

—[Charles Baudelaire.]

* * *

VITALISM AND ORGANICISM.—In a discussion at the Academy, Malgaigne defined vitalism, and among other arguments, emitted the following: "Give these learned chemical experts, these makers of organic products, some bread, meat and other constituents of a meal, and from their crucibles all they can turn out will only be an atom of fecal matter."

[TO BE CONTINUED.]

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THE OBSTETRIC WARDS OF THE CINCINNATI HOSPITAL.

THE PAST AND PRESENT MORTALITY- RATES.

A Paper read before the Cincinnati Academy
of Medicine, April 14, 1890,

BY

CHAUNCEY D. PALMER, M.D.,

Professor of Obstetrics and Gynecology, Medi-
cal College of Ohio.

The mortality-rate of the patients delivered, and cared for, in the obstetric wards of the Cincinnati Hospital has been a matter of some discussion, and certainly has many points of professional, if not general, interest. It is the object of this short article to endeavor to throw some light on those points which most concern us.

Exactly what was the rate of mortality in this obstetrical department many years since, no one knows. Careful, accurate records were not kept. But it is safe to say that this rate was very high. When the author of this paper was placed on duty in the obstetric and gynecological wards of the Cincinnati Hospital, some three years since, it was with three other very competent gentlemen (two on duty at a time, alternating in service). The mortality then had been much reduced. During my first year of service, it had been reduced to as low as between 2 and 3 per cent. from all causes. This mortality-rate was still quite high, and appeared to be susceptible of a greater diminution. Vaginal injections, usually antiseptic, were occasionally used, more often only if certain indications pre-

sented themselves, but not as a prophylactic treatment. Doubtless this method of treatment was thoroughly employed when needed, but not systematically carried out. When, in the summer of 1889, after my return from California, resuming my duties in these wards, being impressed with the low rates of mortality in the maternities of Paris, New York City and Philadelphia, I directed the internes and nurses then on duty to make use of antiseptic vaginal injections in every case of parturition, and in the following manner:

As soon as a woman presents any symptoms of being in labor, she is examined digitally, with antiseptic precautions, and by palpation, by one of the internes of the hospital, who, if he finds her in genuine labor, has her removed from the waiting ward, where the pregnant women remain until parturition begins, to the lying-in room adjoining the lying-in ward, and there and then a vaginal injection of at least one quart of quite hot water containing the mercuric bichloride in solution (1 to 8,000-4,000) is administered. No other vaginal injection is now administered, unless some special indication for the same arises, such as extreme rigidity of the cervix, or conditions manifest themselves calling for artificial delivery, by version or by forceps, until immediately after the expulsion of the placenta, when the same injection in quantity, higher in temperature, is employed.

I have been informed that this plan is now adopted by all my colleagues in the hospital, so that it has become a routine practice with all cases in the obstetric wards. No further injections, intra-uterine or intra-vaginal, are made use of, unless special indications for the same arise. Should the perineum require special suturing, because of any

degree of laceration exceeding the most superficial, then an intra-vaginal injection is given in an increased quantity, both before and after the suture applications of carbolyzed silk.

That this treatment has contributed, in part at least, to the very low present rate of mortality in the lying-in wards, it is only fair to state. No systemic ill-effects in any cases have been noticed. Nor is it at all probable that any will be, if we observe the ordinary contra-indications of a past well-recognized special mercurial susceptibility, a pronounced diarrhœa or dysentery, or a confirmed albuminuria. Should the bichloride in any way disagree, creolin might be substituted. That the present low rate of mortality is in part attributable to the extreme cleanliness of the patients maintained by, and the careful, judicious nursing of the nurses of the Training School of Nurses of the Hospital, it is my privilege, my duty, and my pleasure to mention.

It may seem somewhat useless for me to refer to the fact that the greatest attention is given to perfect cleanliness, not only of the patients, but of the wards, the beds, and the apparel. Systematically do we make a thorough physical and chemical examination of the urine of all pregnant women for many days prior to delivery. The occlusion bandage, post partum, of absorbent cotton is utilized in all the cases.

Of course, these hot-water bichloride vaginal injections are largely antiseptic. Doubtless dilatation of the cervix uteri—the essential feature of parturition in its first stage—is somewhat facilitated. And administered post-partum they thoroughly cleanse the cervix and vagina, diminish the quantity of post-partum hemorrhage by the artificial induction of uterine contractions, and become an essential pre-requisite to a thorough vaginal and perineal suturing. As intimated in part, no other intra-vaginal injection is directed unless the lochia becomes offensive, there is puerperal vaginitis, or there are septic symptoms. The uterus itself I never wash out, unless septic symptoms are very severe, and the same are uncon-

trolled by the use of intra-vaginal irrigation.

The various mortality-rates in the different maternities and in general practice are as follows, and in the following order:

1. The Maternity of Paris—1 death in 1,000 cases, or .1 per cent.

2. The Maternity of New York City—1 death in 500 cases, or .5 per cent.

3. Preston Retreat—1 death in 400 cases, or .6 per cent.

In general practice it is about 1 death in 125 cases, or .75 per cent.

In the Cincinnati Hospital there were for last year, up to April 11, 1890, 234 obstetric cases of labor, premature (after fetal viability) and at the full term of utero-gestation.

Of these 234 cases, there were admitted one day prior to delivery, 19; during delivery, 48; after delivery, 3. The mortality of these 70 cases was *nil*.

Deaths from all causes, 2, viz., from septicæmia, 1; puerperal convulsions, 1.

Number of cases of septicæmia, 5, of which 4 recovered. All of these cases were well pronounced and severe, one of which was admitted during labor.

While the above-mentioned statistics of the Hospital within the last year just closed would seemingly make any restrictions as to the time of admission of patients unnecessary, these figures do not correspond with previous years. Professional experience the world over prompts certain suggestions and restrictions. With the same safeguards at our control which are observed elsewhere, there is no reason why the Cincinnati Hospital cannot show as good obstetric records as any place in this country.

[FOR DISCUSSION SEE P. 696.]

NITRO-GLYCERIN VS. ALCOHOL.

Burroughs (*London Lancet*) lauds nitro-glycerin as a quick stimulant in place of alcohol. In its favor are: small bulk (one drop of a 1 per cent. solution is the ordinary dose), rapidity of action, the fact that it can be given to an unconscious patient by simply putting a drop on his tongue.

REPORT OF TOXIC EFFECT OF ACETANILID.

Read before the Cincinnati Medical Society,
January 18, 1890,

BY

WM. H. TAYLOR, M.D.,

Obstetrician to the Cincinnati Hospital.

H. HOPPE, Interne in Charge.

R. M., æt. twenty-six, widow, second pregnancy, admitted to Hospital July 6, 1889.

Previous history: always healthy, no history of rheumatic or venereal disease. *Never menstruated but twice*, first about six years ago, again directly after the birth of a child two years since (this probably was only a sanguineous lochial discharge.)

Had morning sickness during October, 1888, which continued two weeks. "Quickening" occurred in June, 1889. Her feet and limbs have been swollen past three months.

Present condition: she is far advanced in pregnancy, has systolic cardiac murmur; urine contains one-fourth per cent. albumen; pulse 76, temperature 98.6°. During ensuing week the patient suffered with spurious pains, for which viburnum was given with little benefit.

July 12, complained of violent headache, vertigo, dyspnœa, and pain in back and abdomen; gr. $\frac{1}{4}$ pilocarpine was given hypodermically, producing profuse perspiration.

July 13, patient was delivered of a well developed child, after a labor of two hours, after which the woman was in satisfactory condition until the evening of the third day after delivery—

July 17, when suddenly she developed severe pain in the head, back and abdomen, with vertigo and slight dyspnœa; urine normal in amount, but contained a large amount of albumen; lochia scant, but not offensive: 5 p.m. pulse 96, temperature 103.5°; gave acetanilid, gr. 5; 7 p.m. pulse 88, temperature 102.8°, repeated acetanilid, gr. 5; 10 p.m. found the patient in a profuse clammy perspiration, cyanosed, with pinched features; complained of pain in head and epigastrium, and weakness;

pulse 68, temperature 95°; ordered heat to surface, and whisky freely.

July 18, pulse 72, temperature 96°; cyanosed, and complains of headache and pain in back.

During the ensuing eight days the patient improved in her general condition, but her temperature never rose above 98.2°, and on several occasions it was only 97°.

My colleague, Prof. J. Eichberg, kindly gave me notes of a case:

Female, æt. 19, six months advanced in pregnancy; for ten days before admission to hospital had had diarrhœa, backache, malaise, epistaxis; the temperature the morning of admission was 99.3°; in the evening it reached 103.8°, and ten grs. of acetanilid was given. The temperature was taken at frequent intervals during the night, and declined to 95°, pulse 120, skin cool and moist; although slightly cyanosed, there was not much apparent prostration. Whisky was given, and in a few hours the temperature was above normal.

These cases are of especial interest, because of the great effect produced by small doses, and because of the temperature. Several cases are found reported where marked toxic effects resulted, especially cyanosis of long duration, muscular debility, and in some unconsciousness, but in none have I found subnormal temperature recorded.

[FOR DISCUSSION SEE PAGE 694].

TRACING EPIDEMICS THROUGH THE MILK SUPPLY.

An act has been introduced into the English Parliament granting authority to the sanitary authorities to demand a list of his customers from any milk dealer, in order to trace outbreaks of typhoid fever or other diseases to their origin.

A French policeman arrested three prisoners, and not having the handcuffs to secure them he cut off their suspender buttons. By this means their hands were completely occupied and they could not run away, so they were marched safely to prison.

NODULAR RHEUMATISM.

A Paper read before the Cincinnati Medical Society, February 18, 1890,

BY

A. D. BIRCHARD, M.D.,
CINCINNATI. 

There is perhaps no serious disease more familiar to us than acute articular rheumatism. It is not only an extremely common disease, but it has very striking and obvious symptoms, by which it is generally recognized—the swollen, tender, painful joints, the fever, the profuse sour-smelling perspiration, render a typical case unmistakable; yet, this is a picture of the disease rarely seen in childhood, and occasionally it is absent in adult cases.

We are so accustomed to associate the term “rheumatism” with this condition of the joints, to regard it as the chief and essential feature, that it is difficult to realize that articular inflammation is only one of the many direct and sometimes independent manifestations of the rheumatic state.

There are certain afflictions which have been observed to be so frequently associated with acute rheumatism that the existence of some pathological connection between them has come to be very generally accepted, although the extent of the association may be a matter of controversy.

Endocarditis and pericarditis, for example, are so constantly seen as immediate accompaniments of rheumatism, that there is no question of their relation to it. Pleurisy, and tonsillitis, are allowed to be not infrequent accompaniments of this disease.

Other manifestations appear in undoubted association with it, particularly in early life.

In this series of rheumatic phases may be included chorea, exudative erythema, purpura, and subcutaneous tendinous nodules.

It is particularly to this latter series, and especially to the subcutaneous nodules, that I wish to call attention in this paper.

It is only in comparatively recent times that complications on the part of

the skin and subcutaneous tissues have been observed. During the last decade a number of cases have been recorded showing changes in these structures. In some of the cases subcutaneous nodules of a characteristic appearance have been observed.

I had an opportunity to observe one case of this kind. The patient was a woman, previously healthy, married, twenty-five years of age. Her mother has had three attacks of acute rheumatism during the last ten years, but is now in good health. No other rheumatic history. During the month of October, 1887, the patient began to complain of more or less indisposition, anorexia and malaise. During the first week in November she had an attack of tonsillitis, of moderate severity, and accompanied by an erythema over the chest and abdomen, and to a slight degree on the hands and feet. Both the tonsillitis and the erythema were of short duration, and by the beginning of the second week in November the patient was able to be about, though slight indisposition still remained and continued during the next ten days, when she was again confined to her room.

During this period there was some desquamation of the parts where the erythema had been present. The eruption did not present the appearance of a scarlatinal eruption, and I did not regard it as of that character.

On November 20, when the patient again became worse, there was increased malaise with slight fever, much muscular soreness and stiffness, but no joint swellings or pains.

From this time on, for a period of six weeks, there was but little variation in the symptoms. The patient remained in bed, the temperature ranged between 100° and 102°, and the pulse from 100 to 120 per minute. The patient was extremely nervous, restless and wakeful.

The case at this time was regarded as of a typhoid or typho-malarial character, as it occurred in the midst of an epidemic of that disease. At the same time a rheumatic element in the case was suspected, and quinine, salicylates,

and iodides were used in the treatment, though with little or no apparent benefit.

Until about December 20th the heart sounds were clear. At about this time an endocarditis suddenly developed. The heart tones were markedly roughened.

My attention was attracted to this condition on being hurriedly summoned to the patient, whom I found suffering from considerable dyspnoea and pain in the region of the heart. Also a fluttering or palpitation and some blueness at the ends of the fingers. The symptoms soon disappeared, and I attributed them in part to antifebrin, which I had been administering in five grain doses. The first mitral tone remained permanently roughened, however, and the function of the heart was embarrassed, as indicated by the sighing respiration and shortness of breath on exertion.

About this same time the patient directed attention to certain nodular protuberances or *knots*, as she called them, situated underneath the skin, and apparently attached to the flexor tendons of the wrists. They were hard, freely movable under the skin, and slightly tender to pressure. The skin over them was not reddened.

They were of various sizes, the average being about the size of a pea. There was increased febrile disturbance at this time, and slight swelling of the joints of the hands. Later, similar nodes appeared on other parts of the body, noticeably on the feet and ankles, over the tibia and around the patellæ. They were particularly numerous on the back of the neck, and extended from the occiput to the middle of the dorsum, along the spinous processes of the vertebra. They became smaller and less numerous toward the middle dorsal region. They also appeared over the mastoid and the rami of the lower jaw.

From the time of their first appearance they were always present in varying numbers. Sometimes individual nodules would become flattened and almost, or quite, disappear, and then suddenly return.

This condition continued about as

described during the next three months, except that the general condition of the patient improved somewhat, so that after three or four weeks she was able to go around, though with difficulty, on account of the stiffness and soreness which affected apparently the entire motor system.

During the greater proportion of this time the patient was not under my observation.

All therapeutic measures had proved ineffectual, and the patient only awaited the return of summer, hoping that the warm weather would accomplish what remedies had failed to do.

The heart complication had evidently been steadily progressive, for when the patient again consulted me in June, 1888, it was on account of an œdematous swelling of both lower extremities. I then found marked valvular disease, chiefly mitral, and some cardiac hypertrophy. The subcutaneous nodules were still present, though less numerous. Under the use of digitalis and other heart tonics, the compensatory hypertrophy was kept up, and the dropsy disappeared for a time. In two months the dropsy had again returned, and soon became extreme, the patient becoming helpless. This condition continued to December 12, or about fourteen months from the time when the illness began, when the case terminated fatally from heart failure and exhaustion.

Such is the report of what was to me a remarkable case, and I sought the literature at my command in vain for a parallel.

It was not until last September that I received any light on this case. While visiting the Hospital for Sick Children, Great Ormond Street, Lond., in company with Dr. Oliver, our attention was called by Dr. Barlow to two cases of what he called "nodular rheumatism." I at once recognized the subcutaneous nodules which those cases presented as identical in appearance with what I had observed in the case I have just reported. These cases were both children, girls of probably ten and fourteen years of age, and both had heart complications.

According to Lindmann, who publishes a very complete article on this subject in the *Deutsche Medizinische Wochenschrift*, June 28, 1888, the first report of this affection comes from Lyons, in 1885, by Meynet. He observed in a fourteen year old boy, who had rheumatism for the third time, after the sixth week subcutaneous nodules developed about the knee, elbow, on forehead, fingers, and spinal-column. After a month they had all disappeared.

Rehn, of Frankfort, reports a case of a ten year old girl, with relapse of rheumatism, in which these nodes developed in the quadriceps extensor, patella, and triceps tendons.

In 1879, Hirschsprung, at the Congress of Copenhagen, reported five cases, in children from three and one-half to twelve years of age. All had rheumatism, and endocarditis was present.

About the same time Rehn reports another case (1879). A boy of four and one-half years, who had rheumatism, with nodes, pericarditis, and pleurisy.

Troisier and Brocq, in the *Rasse de Medicine* (1881) reported a case of a forty-five year old man, who had rheumatism with pleurisy and endocarditis. In the convalescence nodules appeared on the occiput, forehead and ears. At the same time a relapse of the rheumatism with pericarditis occurred. After a few weeks complete recovery.

A very interesting report of this condition was made by Barlow and Warner at the International Medical Congress in 1881, Vol. IV, p. 116. It included 27 cases, all children, youngest four and one-half, oldest eighteen years. Ten were boys and seventeen were girls. Two cases had no joint affection. In eleven cases it was present and in eight cases it had been present. In six cases there was pain in the joints without swelling. In twenty-six cases there was heart affection, either endocardial or pericardial, or both. In one case the first mitral tone was roughened. In ten cases chorea was noticed. A rather frequent complication were the affections of the skin. In seven

cases were erythema papulatum and marginatum. One case had urticaria and one purpura. The nodes appeared for the most part in the latter stages of the rheumatism. They were often symmetrical. The favorite seats were the joints, the tendons of the extensors, the occiput, and spinous processes of the vertebra. They appeared suddenly, and were of various sizes, and very often relapses were noticed, sometimes with fever, which was, according to the authors, due to the accompanying pleuritis and pericarditis. The shortest duration of the nodules was three days, and the longest five months. Single nodes often became larger, but the greatest number remained of the size when first discovered. The skin was always movable over them, and never infiltrated or reddened. Sometimes a slight pain or tenderness was present on pressure. Three cases died, and post-mortems were made.

In the *Medical Times and Gazette*, for November, 1882, G. Smith reports the case of a child, fourteen years old, who had rheumatism a few months previously. Now had chorea, mitral lesion and these nodes on the spinous processes of the vertebra. The child died with appearance of anæmia.

Chodrowski, at Paris, in 1882, in a thesis, reports a case of a young man, nineteen years old. Had rheumatism the second time. The second attack was complicated with heart disease and and polymorphous erythema. During convalescence numerous nodes of various sizes developed, first on the head, later on the hands, knees, feet, and on the spinous processes of the spinal column.

From the clinic of Henoch, two cases are reported by Meyer, in the *Berlin Klin. Wochenschrift* (1882). In a twelve year old girl, with mitral insufficiency, without previous history of rheumatism, small nodules were seen on both knee joints, at the insertion of the quadriceps muscle, and on both wrist joints, and on the styloid processes of the ulnæ. Fourteen days after entrance, there was exacerbation of endocarditis and swelling of the joints of the hands. The tumors be-

came larger, and new ones developed on the maleoli and olecranon and shoulder joint. With the appearance of hydrops the patient died.

The second case was that of a twelve year old girl, who had rheumatism for some time. Several months later there were increased joint symptoms, also heart symptoms, and nodes developed on the elbow, joints of the hand and right sterno-clavicular joint. The nodes were freely movable and disappeared very slowly.

Duckworth reports two cases in the *London Lancet* in 1882. First case a servant girl, 24 years of age, who had had rheumatism before. Nodes, which began eight months before, were present on the right hand, elbow and knee. A mitral lesion was present. Three months later the nodes were larger and new ones had developed. The heart affection became worse.

The second case was a nine year old school girl, who had had rheumatism for two months. Heart lesion and subcutaneous nodules were present. The latter was found on the extensor tendons of the metacarpus and olecranon, on the spinous processes of the vertebra, on the patella and the maleoli. After three weeks the nodes were larger.

The striking feature in the first case was that the nodes lasted so long.

Stephen McKenzie reports a case in the *Lancet* (Lond.), May 5th, 1883, but the case is not very well authenticated, and was probably syphilitic. Duckworth also reports one of the same character about the same time.

Troisier reports his second case in the *Union Medicale*, in 1884, No. 32. A man twenty-eight years old, had rheumatism without complication. One month after the inception the joints were painful without swelling. Within fourteen days from this time there developed these nodes in the places already indicated. After a period of ten or twelve days the nodes disappeared, also the pains in the joints.

In the second case there developed, in a man fifty years of age, who had often had rheumatism, nodes at the finger and shoulder joints, which soon disappeared.

Fournier reports a case of a forty year old man, who was syphilitic, in which nodes developed.

A second case, was a man thirty-two years old, who became infected with syphilis two years before. There was one large node over the right eye, which disappeared under the administration of sodæ salicyl. This tumor had developed previously under attacks of rheumatism. These are both considered doubtful cases.

In the Congress of Weisbaden, in 1885, Prof. Rehn presented a case, in a nine year old boy, who had for three years had attacks of rheumatism, and had mitral insufficiency also. For the second time these tumors had developed of various size, and variously situated.

Schule, in the *Deutsche Med. Wochenschrift*, in 1885, reports a case of a thirteen year old boy, who, since his ninth year, had had chorea several times. After chorea had again developed, there appeared symmetrical nodes on the fingers of both hands, also on the styloid process, on the spinous processes of the first and second vertebra, and also on the tendons of the perinei muscles. In the further course there developed similar tumors on the patella, olecranon, and on the spinous processes of the eleventh and twelfth dorsal vertebra, also on the extensor tendons of the fingers. After the chorea had disappeared the nodes rapidly vanished. The heart was not affected.

Honnorat (*Lyons Med. Journal*, 1885, No. 16) observed in a twenty-six year old woman, nodes which disappeared in four weeks. They were on the knee, elbow, and metacarpo-phalangeal joints; no report of heart complication.

In 1887, Bertoye reports a case in the same journal. A fourteen year old girl, who, in the latter period of acute rheumatism, developed nodes on the extensor surface of both feet and hands. They disappeared slowly and reappeared with the relapse of rheumatism.

In 1887, Pryor, in (*Med. Wochenschrift, Munich*), reports two cases.

The first case was a thirteen year old girl with acute rheumatism, which

had become better. After the third week a relapse occurred, with pain in the joints, but no swelling. Over the tendo-achilis (both), a large number of nodes appeared, various in size; also on the quadriceps tendon and the olecranon. Later others appeared on the extensor tendons of the fingers, and a new swelling of the shoulder joint. The heart was free. After several weeks the nodes disappeared, and the patient was discharged cured.

The second case was a nineteen year old girl, who had rheumatic pains and swelling of the joints of the hands, and in the knee joints. The flexor surface of both forearms were covered with abundant nodes of half the size of a pea, with adhesion to the flexor tendons. In a few days the nodes became larger, and new ones developed under the right patella. After a few weeks they had all disappeared except on the forearm, where small sized ones are still to be seen. The patient had two subsequent attacks without development of nodes. Heart intact.

Lindmann, in the article above quoted, reports two cases. The first case, a man thirty-two years of age, had rheumatism for the first time. In the second week attention was called to a number of nodes which had developed over night. There were two over each maleoli externa, a number over each patella, and on the external surface of the biceps. As the general condition became better the nodes remained stationary for three weeks, then gradually disappeared, without leaving any trace. No heart complication and no relapses. The nature of the tumors impressed him as being incapsulated parasites.

The second case was a boy, ten years old, who had repeated attacks of pseudo-croup and pharyngitis. After suffering from subacute rheumatism for a month, which was complicated with endocarditis and pericarditis, subcutaneous nodes appeared, accompanied with joint swelling and increased febrile disturbance. This condition continued to go and come for two and one-half months, when the patient was convalescent.

Notwithstanding the great frequency of rheumatism in all lands, and all ages, the rare appearance of this complication is striking. Up to 1889 Lindmann had succeeded in collecting only fifty-nine cases. A few additional cases have been reported during the year. The smallest number of observations comes from Germany. The largest from English, French and Danish authors.

Of these fifty-nine cases forty-six occurred in childhood; largely among females. Many of the adults were free from cardiac complications. Most of the children showed marked symptoms of endocarditis and pericarditis.

The great frequency of this complication in rheumatism in childhood is known, still the frequent, almost constant, association of these nodes with complications of heart affections is not accidental.

Barlow made the observation that if the heart affections are wanting, the appearance of the nodes should put the physician on the alert to watch the heart carefully. With a relapse of the nodes there is usually a recurrence of the cardiac lesion, also the skin affections and chorea.

Duckworth, in his Treatise on Gout, recently published, in referring to the subcutaneous nodules, rarely met with in that disease, says they are much more commonly met with in rheumatic manifestations. It is noteworthy, that while in the rheumatic cases the occurrence of these nodules uniformly betokens a slowly progressive cardiac valvulitis, in none of the gouty cases which he observed, where nodules were present, was there any cardiac disease.

The nodes appear usually in the later periods of rheumatism, often in the third week. Frequently previous attacks of rheumatism have been present. The nodules appear suddenly; sometimes over night. Relapses are frequent; usually the nodules develop with slight febrile disturbance, and a recurrence of the joint and cardiac complications.

The diagnosis of rheumatic nodules will present no difficulties if one recol-

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From the *New York Medical Journal*, March 22, 1890, we quote a brief résumé of some of the experiments recently made with hydrastinine in gynecological practice :

Dr. Edmond Falk, of Berlin, gives an account of this new alkaloid, $C_{11}H_{13}NO_2$, which is formed, along with opianic acid, by gently heating a mixture of hydrastine and nitric acid and precipitating with an alkali.

Dr. Falk has made repeated experiments with hydrastinine, and suggests it as a remedy in the treatment of uterine hæmorrhages as being much more prompt and sustained in its action than ergotine. Report is made of twenty-six cases systematically and successfully treated with it. The twenty-six patients received in all four hundred injections of hydrastinine hydrochloride in the form of a solution varying from five to ten percent. There was no noticeable local irritation following these injections at any time. The patients were unanimous as to the painlessness of the applications and the freedom from that subsequent discomfort which so often arises from the use of ergotine. The discoverer is making further investigations, the results of which are to appear in due course in the *Archiv für Gynäkologie*.

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Avoid.—Starchy and saccharine food; all milk liquors, wines and coffee.

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lects the clinical features above described. In rheumatism, affections of the skin are not unfrequently seen. These nodules are to be differentiated from circumscribed œdemas of the skin, which develop suddenly and last only for a day. The œdemas develop in the skin and are not subcutaneous, as are the nodes. The nodes may be mistaken for gummatous tumors, as in the two cases reported by Fournier.

Still, a close observation will prevent error here. Subcutaneous gummata grow to the skin rapidly. They grow larger, become soft, and very often inflammation and degeneration occur. However, the appearance of these tumors in syphilitic patients, suffering from rheumatism, would require careful consideration.

These nodes become of diagnostic importance, because, given a case of chorea or heart lesion, in which they had been present, in a slight or perhaps doubtful case of rheumatism, they would tend to clear up the diagnosis. Had I known their clinical significance at the time of their appearance in my own case, they would have rendered the diagnosis easy.

CONCLUSIONS.

1. In rheumatism, especially in children, subcutaneous nodes sometimes develop as a symptom of the disease.

2. Very often heart lesions and chorea are associated with the appearance of these nodules.

3. They are sometimes the only symptoms of a latent rheumatic affection, and sometimes with their appearance there is an exacerbation of the heart lesion. They occasion no therapeutic measures.

Dr. Holt, to whom I am indebted for material aid in looking up the literature of this subject, will treat of the pathology of this condition.

[FOR DISCUSSION SEE P. 694].

The Hospital Gazette thinks a comparison of the London ambulance system with the admirable one in American cities, is calculated to make Englishmen blush.

PENETRATING WOUND OF THE COMMON FEMORAL VEIN AND FEMORAL RING:

LIGATURE OF THE FEMORAL AND INTERNAL ILIAC VEINS; RECOVERY.

A Paper reported to the Philadelphia County Medical Society, May 14, 1890,

BY

ROSS P. COX, M.D.,

Resident Surgeon, St. Agnes' Hospital, Philadelphia.

W. C., aged twenty-two years, male, cabinet-maker, was admitted to St. Agnes' Hospital, July 15, 1889. Half an hour before admission, while he was pushing a piece of hard wood through a moulding machine, by the aid of a stick, three-quarters of an inch broad and half an inch thick, resting against his right groin, the blade struck a knot and forced the bits of wood backward with such energy as "to double him up and almost knock him down." The stick had perforated the several layers of thick, strong clothing, and inflicted the injuries below described, but fell to the floor unbroken. He experienced some pain, but suffered more from fright and shock. Almost immediately a swelling appeared at the point of puncture. On entering the hospital he showed considerable excitement and moderate shock.

There was a tumor about as large as a hen's egg at the centre of Poupart's ligament, and extending somewhat above it. Near the centre of this enlargement there was a slit, extending transversely about half an inch. Less than an ounce of blood had been lost, and all bleeding had ceased.

After slightly extending the wound outward and upward, the probe, not before entering more than an inch, could readily be carried inward and slightly downward for two inches and three-quarters; slight venous bleeding followed its withdrawal.

The situation of the wound and the direction taken by the probe indicated the possible penetration of the abdominal cavity and involvement of some viscus.

Professor W. W. Keen, the surgeon

on duty, was summoned, and arrived in half an hour. The area of operation had meanwhile been shaved, scrubbed with hot water and soap, rinsed, bathed with ether, and finally with 1:1000 bichloride solution, in anticipation of surgical interference.

After examining the injury, Dr. Keen determined to enlarge the wound and explore its nature and extent.

Operation. — Ether. The incision was extended slightly upward, but chiefly downward and inward, as the probe indicated that direction. The successive layers of skin and fasciæ were divided until the finger could be carried deeply into the wound. Poupart's ligament was detected just at the upper border of the wound. At a depth of two inches the tip of the probing finger entered a perforation in what felt like a thin membrane, just internal to the pulsating artery. The bleeding had now become rather free, and the withdrawal of the finger was followed by a copious gush that left no doubt that its source was the femoral vein. While the hemorrhage was controlled by a finger in the opening, the wound was enlarged. Poupart's ligament, the injured vein and its homologous artery were exposed to view. The artery was black from the extravasated blood, but seemed firm to the touch. No tear of its wall was perceptible, but it was not unlikely that it had been struck. Further observation showed that the vein had been pierced through both its anterior and posterior walls, and that the abdominal cavity had been entered through the femoral ring. The finger could be carried through the ring into the abdominal cavity for about an inch, but there seemed to be no rent in the peritoneum. Something could be felt by the fingertip, probably intestine, but it was intact.

The vein was secured below and, with some difficulty, above the lesion by means of two hæmostatic forceps, and divided between these instruments. A medium-sized aseptic silk ligature was quickly and firmly applied to the peripheral end of the vessel. To similarly secure the proximal end was a work of some difficulty; in fact it was the external iliac vein that was here

tied. Considerable traction to draw the vein down, and still more to lift Poupart's ligament up with a retractor, had to be used before it was accessible. After tying a few small vessels that the forceps failed to close permanently, the clots were removed, and the entire wound irrigated with weak bichloride solution. The ligating threads were cut off close to the knots. Thorough drainage was secured by a small fenestrated rubber tube, extending from the bottom of the wound to the inferior angle externally, and by a horsehair drain extending superficially from angle to angle.

The incision of the skin was about four inches long. Its lips were approximated by silk suture. A generous dressing of 1:1000 bichloride gauze was applied, and gentle compression made by a spica bandage of the groin. The operation lasted nearly an hour. The affected limb was elevated to 35° from the horizontal and well wrapped in cotton-wool, gently retained by a roller. Bottles of hot water were placed around it and elsewhere. He was given cracked ice and one-sixth of a grain of morph. sulph. hypodermatically.

A diet of four fluidounces of milk every two hours was directed, to begin six hours subsequent to operation.

July 16, six hours after operation, I was called to him. The dressing was found to be saturated with blood; about one pint of blood had been lost. He showed much anxiety and restlessness; pulse rapid, but fairly good; temperature not much changed. The dressing was removed, and it was ascertained that the bleeding had ceased. The rubber tube had disappeared in the wound, but the outlet had apparently been free, and there was no perceptible accumulation of clots. The bleeding was probably from a small branch that opened into the vein at some point between the ligatures. A fresh dressing, with slightly firmer compression was made. Considerable œdema of the extremity was observed. Cyanosis of the leg, which had been noticed immediately after the vein's occlusion, was marked. One-eighth of a grain of morph. sulph. and one-two-hundredth of a

grain of atrop. sulph. was administered hypodermatically.

After he had tried unsuccessfully to evacuate his bladder, he was catheterized at 5:30 a.m. Urine was free from blood. Morning temperature 99° F. Pulse 84. Fifteen hours after operation the temperature of each thigh was found to be 94° F. Subsequent observations did not vary materially from this record. The cyanosis gradually diminished.

Wound was redressed; no more hemorrhage; doing well; urine drawn every six hours. A rather tight stricture of the membranous urethra rendered catheterization tedious and painful. Diet of four fluidounces of milk every two hours continued. There was but little pain, and this was referred almost entirely to the right loin. The swelling persisted; its extension below the ankle was not very considerable.

The posterior tibial artery pulse at the ankle was feeble, but perceptible. Evening temperature 100.1° F.; pulse 91. Was given one-quarter of a grain of morph. sulph.

17th. Free movement of bowels procured by one-drachm doses of salts given hourly, as required. Pain in loin persists; he is a little restless. Wound dressed; its condition was excellent. Continued use of catheter; diet unchanged. Not much cyanosis remained; œdema lessening slightly; artificial heat discontinued entirely. Temperature reached its maximum, 100.8° F.; pulse 96.

19th. Daily dressing and previous treatment continued. The rubber drainage-tube was removed. Perfect asep-
sis maintained.

20th. Two normal evacuations of bladder; color of skin of the affected limb about normal; œdema greatly diminished; limb lowered to the horizontal; pain moderate; it has left right lumbar region, and is felt in the wound for first time. Bowels moved by Epsom salts; doing well in every way.

21st. Use of catheter discontinued; no pain; rests well; diet continued; lowering of limb followed by no marked increase of œdema.

23d. Continued daily dressing of

wound; the discharge consists of about a fluidrachm of sero-pus; healing progressing satisfactorily; removal of superficial horsehair drain; light diet.

28th. Two of the stitches removed; the cotton padding around limb taken off; swelling not marked.

August 1. Last stitch taken out; small horsehair drain inserted in wound.

8th. Daily dressing continued; horsehair gradually removed; about half a fluidrachm of pus escapes daily.

16th. Sat up part of day.

20th. Sat up all day.

27th. Discharged. He walks with a slight limp. Wound healed, except at site of drainage; scarcely any discharge.

September 19. Healing complete. Some swelling after prolonged walking or standing; some stiffness remains. The lower limbs are of equal size on rising in the morning; has returned to work that requires constant standing; general health excellent.

January 17, 1890. For four months he has steadily pursued his avocation with no other discomfort than slight œdema and stiffness, that are constantly lessening.

April 4. Is entirely relieved of all œdema and stiffness, and suffers no inconvenience whatever from the injury.

In conclusion, I wish to set forth some of the facts with regard to treatment and results of wounds of the common femoral vein as taught by cases collected from all possible sources, and tabulated by me: (¹)

a. Wounds of common femoral vein, not done in tumor operations, treated by immediate ligation of vein: three cases, including the case I have reported, two deaths from gangrene, and one recovery (the present case).

b. Ligation of common femoral vein for wounds, not made in tumor operation, after trying and failing with compression: two cases, one death from septicæmia, and one recovery.

¹ For these cases I am chiefly indebted to the papers of H. Braun, *Archiv. für klin. Chir.*, Vol. XXVIII, p. 620; Koretzky, *Archiv. f. klin. Chir.*, Vol. XXXVI, p. 617; Maubrac, *Archiv Général*, Jan. 1889; Walsh, *Trans. Med. and Chir.*, Vol. LXXI, p. 237; *Med. and Surg. Hist. of War of the Rebellion*.

c. Twenty-six cases of ligation of common femoral vein, wounded in extirpation of tumor: sixteen recovered and ten died. Of the ten deaths, three were from hemorrhage, two from recurrence of malignant growth, two from pulmonary œdema, one from pyæmia, one from exhaustion, and one from limited gangrene and exhaustion, in a man forty-nine years old, infected generally by sarcoma.

d. Twenty-seven cases of ligation of the common femoral artery or external iliac artery, and the homologous vein, for wounds made in tumor operations, give six recoveries and twenty-one deaths. Of the twenty-one deaths, twelve were from gangrene, four from septicæmia, and one each from hemorrhage, recurrence of growth, pyæmia, and pneumonia. The cause of death of one case was not given.

e. Wounds of the common femoral vein, not made in tumor operations, treated by ligation of the homologous artery only: five cases, five deaths; one each from septicæmia, gangrene, shock and exhaustion, and in one instance no cause was given.

f. Wounds of common femoral vein, not made in tumor operations, treated by ligation of both artery and vein: seventeen cases, giving six recoveries and eleven deaths. Of the eleven deaths, five were from gangrene, four had no cause assigned, and two were from hemorrhage.

g. Wounds of common femoral vein treated by lateral ligation: three cases, with one death from hemorrhage, and two recoveries.

h. Wounds of common femoral vein, not treated by ligation of either vein or artery: eleven cases, eleven deaths; four from causes not given, three from hemorrhage, and two each from pyæmia and gangrene.

For quick and lasting relief in pleurodynia, J. Adolphus, M.D. (*Medical Age*), praises gelsemium and ammonium muriate. He gives the first in the form of the tincture, ten drops every hour; or, if the latter medicine is employed, twenty to thirty grains are administered every four to six hours.

SUBMUCOUS RESECTION OF CARTILAGE IN DEVIATIONS OF THE NASAL SEPTUM.

A NEW OPERATION.

A paper read before the Philadelphia County Medical Society, May 14, 1890,

BY

JOHN B. ROBERTS, M.D.,

PHILADELPHIA.

There are cases in which simple division of the nasal septum, with the use of pins to hold the divided partition properly in place, is not efficacious, because the cartilage contains too much tissue to be held in a straight line after its abnormal curves have been corrected. It is easily understood that, since the shortest distance between two points is a straight line, a curved or bent septum forced into a straight line by dilatation of the nostril or by incision, has a tendency to reproduce the curvature within a few weeks after the operation. In such cases it is usually necessary to remove a portion of the septal cartilage, if permanence is to be given to the straight position obtained by the operation. This is sometimes done by excision of a portion of the septum by means of a nasal punch or a knife, thus leaving an opening between the two nares. The operation which I describe, and which is a resection of the cartilage beneath the mucous membrane, makes no opening between the two nares, and yet gets rid of the surplus septal tissue.

The operation should be commenced by dilatation of the occluded nostril with the finger or a pair of dilating forceps; the mucous membrane covering the septum of the occluded side is then incised by means of a blunt tenotome. The incision should be a long curved one, with the convexity toward the floor of the nostril, and should be commenced as far back as is necessary to make a flap large enough to uncover the curved piece of cartilage. A flat, dull instrument is then slipped under the mucous membrane and used to separate this membrane from the triangular cartilage and vomer. A finger in the opposite nostril gives rigidity to the septum during the manipulations. After

the large flap of mucous membrane has been elevated, a blunt-pointed tenotome is thrust under the mucous membrane, which hangs down like a curtain, and is used to cut out an elliptical portion of the septal cartilage corresponding in size with the angle or curve in the deviated septum that the surgeon desires to remove. During this stage of the operation the little finger of the other hand in the opposite nostril is used to prevent perforation of the mucous membrane in the nostril opposite that of operation. A blunt instrument is then thrust through the incision in the cartilage, and used to separate the portion of cartilage, which is to be taken out, from its mucous membrane on the side opposite the occluded nostril. The elliptical piece to be resected is then lifted out with forceps and the large flap of mucous membrane permitted to drop in place like a curtain. One or two sutures of catgut may then be put in the mucous membrane at the anterior portion of the wound in order to hold the flap in place.

The operation is readily performed, and seems to me a distinct improvement in nasal surgery. So far as I know it is novel.

My observations have led me to believe that a great many cases of crooked nose or occluded nares are not due to fracture or congenital deformity, but to interstitial growth of the septal cartilage. It is impossible to increase the area of a partition situated between fixed borders without causing the partition to assume a curve. The triangular cartilage cannot extend upward, downward, or backward, because its margins in these directions are fixed, hence, when it increases in area by abnormal growth it assumes curves and distorts the anterior portion of the nose.

I have recently operated upon a case in which the crookedness of the nose was very marked, and had been increasing within the last few years. In this case it was quite evident that the deformity depended upon a double curve of the septal cartilage, which was apparently due to abnormal interstitial growth.

Submucous resection of the cartilage

is, it seems to me, a good method for relieving many cases of nasal deformity. The removal of angular or curved portions of cartilage without cutting away the mucous tissue is an operation giving rise to no great hemorrhage, although, of course, the bleeding is free.

I show to-night an elliptical section of cartilage the result of an operation done by this method. In this case, as the members will see, I cut out a portion of the bone as well as of the cartilage, and I subsequently removed another small piece of bone at the back part of the naris, by using a saw pushed under the mucous flap. The small portion of bone attached to the elliptical strip in the specimen, was removed by the incisions made with the tenotome. The anterior portion of the bone of the septum is so thin that it is easily cut through with a tenotome.

The relief of nasal obstruction was immediate and very satisfactory in this case.

TESTIMONY OF CHOKED DISC.

The following conclusions are drawn:

1. That knowledge acquired in any special department of medicine may be useful to the general practitioner, particularly where local phenomena point to co-existing conditions in other organs, and the general system.

2. That choked disc, or more correctly, optic neuritis, is a symptom of great diagnostic value in brain lesions.

3. That impairment of vision is not often early associated with optic neuritis, and for that reason may be overlooked.

4. It is present more often in slowly forming tumors and where the pressure is gradual, than in sudden intra-cranial pressure or rapidly forming tumors.

5. That optic neuritis, in itself, gives no clue as to the position of the tumor, which must, and often can be, located with great exactness by the occurrence of other local or general manifestations.

6. It is not necessary that the tumor press upon the optic nerve to produce the condition. — MORROW, *Cleveland Med. Gazette*.

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of February 18, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDW. S. STEVENS, M.D., Secretary.

DR. WM. H. TAYLOR made the following

Report of Toxic Effect of Acetanilid.
[SEE PAGE 683.]

DISCUSSION.

DR. F. O. MARSH spoke of a case of typhoid fever in a girl thirteen years of age. The temperature was above 104° . A five-grain dose brought on cyanosis and a condition of collapse. She remained in this condition for several hours, but ultimately made a good recovery. Yet, he had given considerable quantities of the drug. His impression was that it was in the cases with high temperature where we should be particularly guarded.

DR. EICHBERG asked Dr. Taylor for his experience with acetanilid in diminishing the pains of parturition.

DR. TAYLOR replied that two years ago he had experimented with ten and fifteen grain doses of acetanilid in painful labor. In some cases it seemed to have a satisfactory effect, but he soon discontinued its use. German reporters say that it lessens pain by lessening the contractions of the uterus.

DR. E. RICKETTS spoke of a case of cholecystotomy. The temperature went up to 105° and $105\frac{1}{2}^{\circ}$. At five, eight and eleven o'clock of that evening the patient took ten grains of antifebrin. Temperature came down to $97\frac{1}{4}^{\circ}$, pulse 66. There was profuse perspiration. The patient was placed upon the table and the operation done under chloroform. The temperature never went up afterward.

DR. OLIVER spoke of having given antipyrine to a healthy adult with no appreciable effect. On his return trip from Europe he had given fifteen grains

to a lady to prevent sea-sickness, and she had all the symptoms of collapse.

DR. A. D. BIRCHARD read a paper entitled:

Nodular Rheumatism.

(SEE P. 684.)

DISCUSSION.

DR. O. P. HOLT read the following notes from the *Deutsche Medicinische Wochenschrift*, of June 28, 1888:

The nodes of "nodular rheumatism" appear subcutaneously under the unchanged skin. Their favorite seats are the elbow and knee joints, the extensor tendons on the backs of the hands, the malleoli, the spinous processes of the spinal column, the occiput and the forehead. However, they may appear in any portion of the body.

The size varies from that of a head of a pin to that of an almond. They are movable under the skin, and are sometimes attached to the periosteum, but may be adherent to the sheaths of the tendons. As to number, they vary from one to over fifty.

Usually the nodes are symmetrically situated—the joints may be surrounded as with a crown—the nodes may be best observed on flexion of the joints.

Duration is uncertain; many exist only for a few days, the greatest number probably last about *three weeks*, some last to *five months*. The observations of Stephen Mackenzie and Duckworth (*Lancet*, May 5, 1883), in which the nodes lasted over a year, they were probably syphilitic.

It has been mostly observed that the tumors do not grow larger, but maintain the size in which they were first discovered. In the second case reported by Prior, however, a marked increase in the size of the nodes was observed.

Bang, of Copenhagen, made a post-mortem in one of the cases reported by Hirschsprung (*Jahrb. für Kinderheilkunde*, Bd. XVI., p. 336). Microscopically the nodes are formed of connective tissue in various modifications, coarse fibres with spindle-shaped and flattened cells arranged in rows: spindle cells separated by fine connective tissue threads. Here and there

abundant vessels, some of them dilated; also, portions with unmistakable necrotic changes. Bang characterized the nodes as connective-tissue growths, chiefly perhaps of a chronic inflammatory character, with a tendency to necrosis. Their origin is probably in the tendons, the characteristic tissue of which they very much resemble. Hirschsprung observed a complete, although slow disappearance of these nodes. In fact, the idea prevailed that they took on regressive as well as progressive changes; that fatty metamorphosis and softening with final resorption of the fluid masses might occur. (As an example of this kind the second case reported from Henoch's *Klinik* is cited: Helene G., æt. twelve, March, 1881.)

R. W. Parker makes a similar report in one of Barlow's cases, in which one of the tumors was excised and examined.

Gravitz (reporting a case from Henoch's *Klinik*, 1882) declares the nodes to be fibrous tumors, mixed with cartilaginous tissue. The structure was not always the same, the tissue was partly fibrous, partly cartilaginous; in one case calcareous deposits were discovered.

Barlow declared the tissues of the nodes as identical with that of the vegetations on the valves of the heart. However, a strict anatomical proof would be requisite. It would be necessary to prove that the microbes which are quite constant in the vegetations on the valves, are also present in these nodes. With this proof the nature of the nodules would be explained. The possibility of an embolic origin, considering the suddenness of their development, and by the almost constant coincidence of heart-lesions is *a priori* not to be rejected.

The acceptance of Chuffart (1886) that the nodes partly develop from the cutaneous, œdema-like ephemeral skin affections does not coincide with the facts observed.

The question suggests itself: are these nodes indetical with the bursæ, so common in the neighborhood of the various joints. We know the *synovial bursa* are found interposed between

muscles or tendons, as they play over projecting long surfaces, as between the glutei muscles and the surface of the great trochanter. They consist of a thin wall of connective tissue, partially covered by epithelium, and contain a viscid fluid. Where one of these exists in the neighborhood of a joint, it usually communicates *with its cavity*, as is generally the case with the bursa between the tendon of the psoas and iliacus and the capsular ligament of the hip, or the one interposed between the under surface of the subscapularis, and the neck of the scapula.

Recollecting these facts, is it not plausible to think that the rheumatic virus may be transferred from the joints directly to the bursæ, and thus often give rise to the characteristic tumors of nodular rheumatism?

DR. CARSON had seen a case many years ago. It corresponded to the description given by Dr. Birchard.

DR. JOS. EICHBERG spoke of seeing many very severe cases of rheumatism during his six months' stay in London. Why this was he would not attempt to explain. The fact was certain. In only one case had he seen this eruption. The heart lesion was not necessary, as it was not present in this eruption. The pathology is still in dispute. The nodules do not suppurate. The history of nodular rheumatism points to children, as a rule, to adults as the exception.

DR. J. C. OLIVER visited the hospitals with Dr. Birchard while they were in London. They saw several of these cases there. In one of them chorea was extreme. It was necessary to pad the patient's bed. Dr. Barlow, in examining the patients, began to search for the nodules as soon as he saw the chorea. Dr. Barlow's treatment was feeding. He never used depressants. If the patient was restless at night he ordered a cold bath or chloral.

TO PRESERVE YOUR INSTRUMENTS from rusting, a writer says, immerse them in a solution of carbonate of potash for a few minutes, and they will not rust for years; not even when exposed to a damp atmosphere.

ACADEMY OF MEDICINE.

OFFICIAL REPORT.

Meeting of April 14, 1890.

The President, C. D. PALMER, M.D.,
in the Chair.

JAMES M. FRENCH, M.D., Secretary.

Discussion on the Medicinal Use of Nitro-glycerine.

DR. C. G. SPEIDEL, in reply to an inquiry of the President, stated that he had employed nitro-glycerine in a case of ovarian epilepsy, in the hope to lessen the number of attacks, but that he had not charge of the case long enough to come to any definite conclusion.

DR. C. D. PALMER stated that he had a few years ago a case which well illustrated the action of glonoin. The patient had a fatty heart, very irregular and feeble at times, but without a valvular lesion. He administered one drop of a 1 per cent. solution three times a day, and it gave immediate relief.

DR. J. L. CLEVELAND reported a case in which nitro-glycerine had proved very beneficial in his hands. A woman, sixty-five years of age, had been sick about two weeks, the heart very irregular, the general condition very bad; evidently she was almost at the point of death from heart failure. In addition to that, there was suppression of urine. There was evidently uræmic poisoning. The case looked desperate. A distinguished member of the profession was called in and suggested the administration of drop doses every hour of a 1 per cent. solution of nitro-glycerine, unless physiological effects were produced. The next morning the patient's mind was cleared up, the drowsy condition had passed away, and the kidneys were acting very well.

DR. STEWART reported another case in which he had used the same remedy. One year ago last November, he had a case of typhoid fever in a boy ten years of age. He had been treated for "liver complaint" for two weeks by a homœopath of the city, and had become very

low. He had gone from bad to worse. For the next few days there was no improvement, and finally he became unconscious and remained so for seventy-two hours. When the speaker arrived the pulse was imperceptible at the wrist, the extremities were cold, and there was the upward and downward motion of the pomum adami, which is so sure an indication of impending death. The boy had for a day or two been taking nitro-glycerine as a heart tonic, in drop doses of a 1 per cent. solution every four hours. An unfavorable prognosis was made; the parents were told that the boy would die in a few hours at most. More for the sake of doing something than with any hope of obtaining benefit, the speaker administered a hypodermic injection of one drop of the nitro-glycerine solution into one arm, and followed it immediately by a similar injection into the other arm. Within an hour from that time the boy was warm, and his recovery was practically ensured.

DR. C. D. PALMER read a paper entitled

The Obstetric Wards of the Cincinnati Hospital (see p. 681).

DISCUSSION.

DR. R. W. STEWART stated that he had a few years ago translated some statistics on the use of antiseptics in labor by Kesmarszky and v. Szabo, of Buda-Pesth. They had a large number of cases which might be called emergency cases, and the mortality of 3,000 cases was .3 per cent.

He did not think it proper to make statistics out of the cases reported by Dr. Palmer. Nobody can tell whether some of the cases might not have been saved. He had a distinct recollection that some cases are admitted there which are suffering from tuberculosis and other diseases which are largely responsible for the fatal termination, where the result is attributed to the labor. What impressed him most in the report was the fact that a patient who had been in the hospital for some time should have been the one picked out to die. Where did the poison come from? The great thing in these cases

is to keep away dirty fingers, dirty clothing and instruments. Are all these precautions taken in the Cincinnati Hospital?

DR. J. L. CLEVELAND wanted to enter his personal protest against the use of the bichloride of mercury injections. He thought they constituted an element of danger. Of course, in judicious hands like those of the essayist no harm would result, but as used by some others they will do harm by producing more or less irritation. The same results can be obtained by the use of hot water or by perfect cleanliness. Nature takes care of these cases, and unless there is evidence of poisoning or great need for sanitary measures, it is better to let the case alone. He preferred water that had been boiled, so as to be perfectly aseptic, to the use of bichloride, which is a rank poison.

DR. M. CASSAT said that he was of the same opinion as Dr. Cleveland. It is best to let Nature alone. And it had been so long since he had lost a labor case that he would not know how to explain such an occurrence if it should befall him. Injections are, however, sometimes necessary as a means of cleanliness. He had employed them in some cases for the purpose of preventing purulent ophthalmia.

DR. TINGLEY objected to the idea of preventing the admission to the Hospital of women in labor. The Hospital is a charity, and its object is not the manufacture of satisfactory statistics. He had in the last twelve or fourteen months delivered about fifty cases, in all walks of life, without a death. He had used bichloride injections once, and thought harm had been done in that case. He aimed simply to be cleanly.

DR. HAINES said that he had used the injections for the sake of the child, to prevent purulent ophthalmia, in cases where the mother was suffering from gonorrhœa at the time; but the ophthalmia developed, nevertheless.

DR. A. G. DRURY stated that during the last fifteen years he had not seen a case of puerperal fever. Early in his practice he had seen several cases. The cases which he had attended under what he thought were the most favor-

able circumstances, had proved the worst.

DR. STEWART said that he believed in the bichloride, and that he had used it in every case which he had attended. He had never seen the slightest injury from the use of bichloride on the hands. He had not only used it as an injection in labor, but he had injected it into the bowel in chronic dysentery, without evil result of any kind. He did not believe that a man can get his hands perfectly clean without it, unless it be by boiling them. He had also treated some of the most filthy cases, and had seen the women get up on the next day and go to work, without any evil result; but this does not prove that the remedy should be used. We may save some woman's life by its use. He thought that in most cases the hands of the attendant, the nurse, or the clothing is at fault in cases of septic trouble following labor.

DR. TINGLEY stated that he did not desire to be understood as opposing the use of antiseptics; he merely stated what he had seen in his own practice.

DR. CASSAT stated that he had had two cases of puerperal fever within the last two years, one of them under very good circumstances. Both recovered under no treatment but vaginal injections of hot water three times a day.

DR. PALMER stated, in conclusion, that it has been the rule at the Cincinnati Hospital to administer but two vaginal injections, one at the commencement and one at the completion of labor. No ill-effect had ever been observed from it. A third vaginal injection is sometimes given in case of instrumental delivery, and sometimes after the second injection referred to, provided the patient has septicæmia. The uterus is never washed out unless the vaginal injection fails to relieve the fever. The interne in charge of the case observes every possible precaution as regards cleanliness.

Foreign Bodies in the Tissues of the Body.

DR. JOSEPH RANSOHOFF stated that he desired to present a specimen which illustrated the innocuousness of foreign

bodies in the tissues of the body. We are all aware that foreign bodies have been embedded in the brain, in the heart, the lungs—in all the vital organs, in fact—without doing any serious injury.

The patient of whom he was about to speak was referred to him by Dr. Zenner. She had, when about sixteen years of age, fallen through a window. A piece of glass entered the axillary space and remained there for fourteen years without causing any trouble further than slight pain shooting down the arm. A few months ago the lady noticed, in bathing, that there was a small fistulous opening in the arm-pit. He was consulted, and without much trouble, simply enlarging the opening, he removed a piece of glass which measured nearly two inches in length by almost an inch in width.

CHLORAL IN RIGID OS.

A. W. Garry gives a case (*Br. Med. Jour.*) in which, with a rigid os, the pain had been strong but ineffectual, and the patient was becoming exhausted, with dry tongue, quick pulse, etc. He gave 15 grs. of chloral, intending to repeat the dose every half hour till a drachm had been taken. After the second dose, however, the os was sufficiently dilated to permit delivery by forceps. He adds:—"From my experience, both in hospital and private practice, of the use of this drug in the treatment of the above condition, I am of opinion that it is vastly superior to any other pharmacopœial preparation, when properly administered and with due precautions (should not be given, or at least very cautiously, in a case where fatty heart or atheromatous arteries is suspected), and would strongly recommend my young medical friends to give it a trial before adopting extreme measures, which, in my opinion, are rarely if ever required."

—*Canada Lancet.*

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Selections.

FUNCTIONAL DISEASES OF THE HEART.

There is ample evidence in contemporary medical literature that much still remains to be worked out before our knowledge on the subject of the pathology of affections of the heart, which, for want of a better designation, are known as "functional," will have been placed on a sound footing. It is, however, a decided step in advance that scientific men have begun to resent the use of such an expression as "functional," a word which is a cloak for ignorance, or, at the best, the mere recognition of a clinical fact, the explanation of which is not forthcoming. We have some vague idea of the mechanism of the acceleration in the heart-beat which is associated with organic disease of the cardiac structures, and also, perhaps, that which belongs to the febrile condition, but in the large class of cases in which the beat is more or less increased in rapidity without any obvious cardiac lesion, one is reduced to conjecture as to the cause, course, termination, and treatment. Two important papers on this subject of these so-called functional disturbances have been read before the Medical Society of London during the past session, and though it cannot be said that the authors did much to elucidate what was before obscure in reference to their pathology, they have at any rate enabled them to be classified, and they have called attention to the problems which have to be solved. Eliminating the cases in which the disturbance of function is associated with some obvious cardiac lesion, the remainder may be subdivided under three principal heads: First, these are the cases in which the acceleration is only one feature of a general morbid condition, of which Graves' disease may be taken as the type. Then there are others which are distinguished by the nature of the acceleration, that is to say, according as the increase in rapidity is ephemeral or "paroxysmal," as Dr. West and others

have described it, or when it is gradual or more or less persistent, a variety which was very well dealt with in the Harveian oration recently delivered by Dr. Sansom and published in these columns. The paroxysmal form is not unfrequently accompanied by anginal symptoms, but when this is the case we see no reason for taking them out of the category of anginal affections, of which cardiac disturbance is an almost necessary feature. The most remarkable feature of this abnormality—and this remark applies with equal force to the persistent variety—is that the patient may be wholly or partially unconscious of there being anything wrong in the absence of indications in the nature of discomfort or pain. This may be the case even when the rapidity of the beats is such as to render them difficult to count, exceeding 200 per minute. In this ephemeral variety we may, of course, have to do with a disturbance due to reflex stimulus acting on an enfeebled or irritable heart, though the large proportion of these cases which have a fatal termination point to something more serious. The fact that such cases ultimately merge, as a rule, into some definite form of cardiac disease before they become available for pathological investigation, frustrates any attempt to ascertain the physical conditions underlying the earlier and less pronounced symptoms. These conditions have been observed at all ages and in both sexes, though females appear to be the more liable, following in this respect the tendency of exophthalmic goitre. In a certain proportion of the cases, the onset of the symptoms has appeared to date from excessive muscular exertion, or violent emotion or shock, but in others the onset has been gradual, without anything in the history to point to the probable determining cause. In a large number of cases, nervous breakdown either preceded or followed the development of the cardiac disturbance, marking out the disturbance as part and parcel of a general nervous disorganization. To the former class belongs the so-called "irritable heart" of soldiers, and it occasionally exists in association with osteo-arthritis,

in which a tendency to increased rapidity of the heart-beat has been frequently noticed. In attempting to decide the question whether the disturbance is due to disease of the myocardium, or to an affection of a portion or portions of the nervous system, we are confronted by the difficulty of discussing the pathology of a symptom which exhibits such diversity of origin, course, and importance. No one explanation can possibly hold good in more than a strictly limited class of cases, and in order to render any such limited explanation of use the distinctive clinical features of each category must be more clearly defined. With regard to treatment, it is not surprising to learn that no particular plan is to be relied upon to afford relief, still less to effect a cure. In some, the exhibition of the usual cardiac medicaments has seemed to lead to an improvement, of variable duration, while in others they have proved useless when indeed not directly injurious. Dr. Sansom speaks highly of the use of a constant current over the larger nerve centres, but such a treatment is far too vague, not to say empirical, to take rank as a recognized method of dealing with an affection the lesions underlying which have so far baffled investigation.

—*Med. Press and Circular.*

A CASE OF SUBCORTICAL ALEXIA.

This is one of those rare cases standing midway between mental blindness and aphasia; it is reported by Dr. A. Adler, of Breslau (Professor Biermer's clinic), in the *Berliner klinische Wochenschrift*, April 21st, 1890. The patient, a man, aged 52, attended the hospital at first for dyspnoea and pains in the cardiac region. No cerebral symptom was present, but in a few days he had a sudden attack, which showed itself by involuntary movements of the head and left arm. Next day his vision was deranged, and examination showed complete right hemianopsia, the other senses being intact. The mental functions were peculiarly affected, that is, as concerned with the sense of sight. The patient failed to recognize most of the printed letters,

and thus could not read books at all; written characters he identified to some extent by copying them, but this artifice helped him less with print. Meanwhile, he could write from dictation and spontaneously, easily and correctly. Amnesial color blindness was also present; for while he recognized common objects at once, he could with difficulty name them. But they were often named at once, if other senses were brought to bear upon them (smell, touch, taste, etc.) This mental complex has been called by Wernicke "subcortical alexia," and by Freund a variety of "optical aphasia." The patient was presbyopic, but the visual acuteness, on examination, was at least two-thirds the normal. Burchardt's international visual tests were employed, owing to his difficulty with letters. Dr. Adler assumes in this case, besides the lesion of the subcortical optic fibres of the left cerebellar lobe, which caused the hemianopsia, an interruption of the path from the right (cortical) optic field to the left field of speech, where that path courses in the left hemisphere near the commissural fibres connecting the two occipital lobes. This commissure was also interrupted (¹). In the few cases of hemianopsia with alexia examined post-mortem, lesions were present in the left occipital lobe and the gyrus angularis, facts which are not against the above supposition. Curious deductions may be drawn. The left visual sphere is immediately connected with the region of speech, but not immediately with the outer world; the right optical region, on the other hand, is only connected with the region of speech by a roundabout way through the (cortical) regions of the other senses. Objects then will still be recognized immediately by the right hemisphere; but since the path between the right-sided region of speech and that of vision is cut off, if a transition to the left occipital lobe is prevented, owing to right hemianopsia and interruption of the commissural fibres, then optic perception no longer at once induces speech, or the faculty of speech, but

only mediately through the other senses. If the other senses give any essential characters of the object, naming it becomes at once easy. Thus the patient could name letters after copying them, especially if they were written characters that he was accustomed to trace; other senses were brought to bear on common objects. He had shown Wilbrand's "amnesial color blindness" at first, but by practice he learnt his colors again in a few weeks.

—*British Med. Journal.*

SPINAL LOCALIZATION.

Dr. William McEwan, of Glasgow, reports a case of localized injury to the spinal cord. Contusion of the cervical portion of the cord produced a condition of hematomyelia. There was partial paralysis of the upper limbs, especially in the distal segments, and also of the intercostal muscles. The power of movements of the lower limbs remain intact. This case lends support to the view that the direct pyramidal tract contains the fibres which are destined for the motor mechanisms of the upper limb, while the fibres for the trunk and leg cross in the pyramidal decussation at the top of the cord and descend in the lateral columns as crossed tracts to the dorsal and lumbar regions.

—*Physician and Surgeon.*

ON FEVER OF HEPATIC ORIGIN, PARTICULARLY THE INTERMITTENT PYREXIA ASSOCIATED WITH GALLSTONES.

Osler concluded that (1) in cancers and in cirrhosis of the liver a certain number of cases present fever of moderate grade, but scarcely distinctive enough to be of value in diagnosis. (2.) Chronic obstruction of the common bile-duct is often accompanied by an intermittent pyrexia, associated with a symptom-group of the greatest diagnostic importance. (3.) This pyrexia is not usually the result of suppuration, as has been supposed, but occurs with a catarrhal cholangitis. (4.) That it arises from the absorption of a ferment, produced in the ducts, is rendered

¹ See Bruns and Stoelting, "A case of Alexia," *Neurol. Centralb.* 1888, p. 517.

highly probable by the discovery of micro-organisms both in the catarrhal and in the suppurative cholangitis. (5.) While recovery may follow, even after months or years, a fatal event is only too common. (6.) A recognition of the importance of this intermittent pyrexia and its associated symptom-group, as diagnostic of obstruction of the common-duct by gallstones, should, in the present condition of hepatic surgery, lead to more frequent operative interference in these cases.

—*London Med. Recorder.*

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, June 9, DR. F. KEBLER will read a paper on the "Use of Cod-liver Oil in Chronic Lung Troubles"; Dr. A. GRIMM will report a "Case of Anal Fissure with Peculiar Nervous Manifestations."

CINCINNATI MEDICAL SOCIETY.—

June 10, DR. R. B. HALL will report a "Case of Cholecystotomy."

THE OHIO STATE MEDICAL SOCIETY ELECTION.—The Ohio State Medical Society closed its annual sessions at Columbus, Thursday, June 5. The following officers were elected: President, W. J. Conklin, Dayton; First Vice President, D. W. Kinsman, Columbus; Second, B. L. Milliken, Cleveland; Third, D. J. Snyder, Scio; Fourth, Orpheus Everts, College Hill; Secretary, G. A. Collamore, Toledo; Assistant, J. A. Spencer, New Philadelphia; Member of Finance Committee, E. Sinnett, Granville; Ethics, H. D. Hinkley, Oxford; Legislative, S. S. Thorne, Toledo; Publication, C. A. L. Reed, Cincinnati; Admission, C. F. Clark, Columbus.

The next annual meeting will be held June 17, 1891, at Put-in-Bay, provided accommodations are adequate. If not, the meeting will be held at Marietta, June 3.

THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of
MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

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DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, June 7, 1890.

The Week.

REVISION.—AN ARMY.

IF there was one thing more noticeable than another at the recent meeting of the American Medical Association, at Nashville, it was the open and avowed determination on the part of a large majority of those present to be off with the old and on with the new.

The spirit of the times would show itself whenever opportunity presented, and opportunities were even created for this purpose; as in the almost unanimous legation of legislative work to the floor of the house. This was a hint so broad that it could not be misunderstood. It was a revision of mossback methods that will give the young and new men a chance. Age and conservatism are worthy of profound respect, and the medical profession, as a great homogeneous body, is ever ready to accord this to the fathers; while the fathers in turn should show their own good judgment in a recognition of the undeniable fact that the "world do move;" and with it the great

medical profession is keeping step, and to reasonably quick time.

In the working plan of the Association there seemed to be manifested a unanimous desire among the progressives to change the delegate representative system to one of direct membership through branch organizations, and giving permanent members the rights and privileges of other members. Constitutionally, the channel was opened at the last meeting to effect these much needed changes next year.

The several state societies becoming actual branches of the American Medical Association will very greatly strengthen those necessary and invaluable organizations. These state branches should have a subordinate branch in every county, and there should be but one society recognized by the state branch in any county. This county branch of the state branch should be encouraged to work up its organization to such a degree of perfection as to embrace within its membership every physician practicing regular medicine within its bounds.

This is practically feasible. In the state of Indiana the county societies are all branches of the state society, and there is recognized but one society in any county; and all delegates, as to the annual meetings of the American Medical Association, receive their certificates from the officers of the state society. The county organizations are becoming very perfect, and at this time embrace in their membership much more than half of all the practitioners in the state, and it is hoped that before many months the entire regular medical profession of the state will be enrolled on the register of this model state organization.

It is but one step in advance for Indiana to walk right into the American Medical Association, with a banner bear-

ing an emblem of Union, and that as a branch it is perfect in all its parts and twigs, with never a split or visible imperfection, for the entire profession of the state will have been recorded as active members.

In the District of Columbia, every active practitioner of regular medicine is a member of the district medical society. Every one is enrolled, the organization is now practically complete, and it could come into the American Medical Association as a perfect branch having a membership equal to more than half of all the delegates registered at Nashville. The states of Pennsylvania and Alabama have very excellent organizations.

But most of the state societies are badly organized and, many need encouragement and kindly direction. This can be effectively given through our great central Association, so that in a very few years, under the Indiana and District of Columbia systems, every known practitioner of regular medicine will have his name enrolled as an active member of the American Medical Association, and derive all the benefits that flow therefrom.

A grander army than this was never organized. Noncombatants with the sword, but always in battle array, actively engaged in a hand-to-hand conflict with disease in its multitudinous forms, using all possible efforts to improve the sanitary, moral, educational, and physical condition of the people.

The signs of the times all point to the early mobilization of this grand army, that will have a representative in every village in this broad land, from Maine to Alaska, from Florida to California. This reminds us that at the call of states at the Nashville meeting, forty-one out of a possible forty-two states responded through a delegate.

The strength of this grand army of educated physicians will be as that of a mighty river bearing blessings to a mighty nation. Its power for good will be incalculable. Its innate force will be felt in schools, legislative halls, on the forum and judicial bench. This, and much more, can and will result from thorough organization. Without this effectual organization, we are as guerrillas, every one battling on his own hook, doing the best he can, or cares to do.

Sometimes we are dazzled with the genius of a bright professional star or meteor, that flashes out in our professional firmament, and for a time shines with effulgent glory. But this is as a penny taper to a Brush electric light, in comparison with the shining of that star, if fixed in a constellation of one hundred thousand other stars, every one of which is ready to absorb the rays and scintillations of the planet, and give off to all around it the radiant glory with which it is filled by this inventive or creative genius.

Organization is the touchstone, the watchword that will do all this, and more than has yet been conceived by the mind of any man.

A VERY uncomfortable attack of acute pharyngitis prevented our attendance at the Ohio State Medical Society this week.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

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J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending May 30, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	12						1					
2.....						1						
3.....										1		
4.....	2						3					
5.....							1					
6.....							2					
7.....												
8.....					2							
9.....												
10.....					2		1					
11.....	2											
12.....	1						2					
13.....	2											
14.....										1		
15.....	4						1					
16.....							1					
17.....	2											
18.....												
19.....							1					
20.....								1				
21.....							1					
22.....							1	1				
23.....							2					
24.....			1				1					
25.....			2		2		1	1				
26.....	1						3	1				
27.....							1	1				
28.....	1											
29.....							1	1				
30.....							1					
Cin. Hosp.												
Good Sam. Hosp.												
Totals	27	0	2	1	6	1	22	8	2	0	0	0
Last week.	16	0	3	1	8	1	21	3	4	2	1	1

The following is the mortality report for the week ending May 30, 1890.

Alcoholism.....	2
Cholera Infantum.....	2
Cerebro-Spinal Meningitis.....	1
Congestive Fever.....	1
Diarrhoea.....	2
Dysentery.....	1
Enterocolitis.....	1
Erysipelas.....	1
Diphtheria.....	8
Puerperal Fever.....	1
Scarlatina.....	1

Typhoid Fever.....	2
Whooping Cough.....	1
Other Zymotic Diseases.....	0-24
Cancer.....	2
Consumption.....	16
Other Constitutional Diseases.....	5-23
Bronchitis.....	2
Enteritis.....	2
Gastritis.....	1
Heart Disease.....	4
Meningitis.....	8
Pneumonia.....	7
Other Local Diseases.....	20-44
Deaths from Developmental Diseases.....	17
Deaths from Violence.....	10
Deaths from all causes.....	118
Annual rate per 1,000.....	18.88
Deaths for corresponding week of 1889....	106
Deaths for corresponding week of 1888....	102
Deaths under 1 year.....	29
Deaths under 5 years.....	43

J. W. PRENDERGAST, M.D.,
Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 44 cities and towns during the week ending May 30, 1890:

Diphtheria: Toledo, 13 cases, 1 death; Cincinnati, 22 cases, 8 deaths, Columbus, 7 cases; Wooster and Waynesfield, each 4 cases; Cleveland, 3 cases, 1 death; Tiffin, 3 cases; Xenia, Lorain, Piqua and Chillicothe, each 2 cases; Dayton, Findlay and Uhrichsville, each 1 case; New Vienna, 1 death.

Scarlet Fever: Cleveland and Columbus, each 6 cases; Toledo and Galion, each 4 cases; Zanesville, 3 cases; Urbana and Lorain, each 2 cases; Dayton, Madisonville, Findlay, Piqua and Uhrichsville, each 1 case; Cincinnati, 2 cases, 1 death.

Typhoid Fever: Cleveland, 2 cases, 6 deaths; Lorain and Youngstown, each 1 case; Cincinnati, 2 deaths.

Measles: Elyria, 16 cases; Middletown, 12 cases, 1 death, Warren, 10 cases; Bloomingburg, 8 cases; Lorain and Versailles, each 6 cases; Salem, 4 cases; Cleveland, 3 cases, 1 death; Youngstown and Felicity, each 2 cases; Cincinnati, 27 cases.

Whooping-Cough: Urbana, 15 cases; Bloomingburg, 6 cases; Cincinnati, 6 cases, 1 death; Cleveland, 1 death.

The following places report no infectious diseases present: Geneva, Chester Hill, Ironton, Kent, Fostoria, Woodsfield, Bainbridge, Arcanum, New London, Garrettsville, Carthage, New Richmond, Beverly, Oak Harbor, West Liberty, Smithville and New Carlisle.

C. O. PROBST, M.D., Secretary.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

MISCELLANY.

IS FAIR HAIR BECOMING EXTINCT?

The primary use of the hair being to form a protective covering for the head, light-colored hair should be better adapted for the inhabitants of cold climates, as we know that light-colored substances offer greater resistance to the transmission of heat rays than those of darker shades, and thereby maintain a more equable temperature. Although it is found that in some cases the people of cold climates have light hair, it by no means invariably follows that this is so. We certainly meet with fair-haired people very frequently in Scandinavia, but, on the other hand, the Eskimos, inhabiting a much colder country than the north of Europe, have black hair. Race character appears to have a very considerable influence in determining the color of the hair in different countries and even in different parts of the same country, and is sufficiently strong to counterbalance the influences of climate and other conditions which would tend to modify it. Fair hair has for a long time been regarded to exist chiefly in some of the Aryan groups, but it is also met with among the Asiatic Semites, and is very common among the Kabyles. During the numerous immigrations which have taken place in earlier times from other countries into Great Britain, races sometimes with light hair and sometimes with dark hair have been introduced and settled down in different parts of the country. So long as the various race elements remained separate little change in their physical characters occurred, but on intermarriage with one another the characters of their progeny became altered, and the British population is now essentially mixed. In some parts of the country the intermixture has not been so complete as in others, and as a consequence the preponderating influence of the race characters of the stock from which its inhabitants were derived may still be traced. The increased facilities for travelling since the introduction of railways is leading to a much

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ODORLESS PURITOS NON-POISONOUS

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Yours Respectfully,
WM. SALWAY, Superintendent.

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greater and quicker interchange of population throughout the country than has perhaps ever previously occurred, so that the Iberian, Celtic, Roman, Saxon, Norman, Scandinavian, and other race elements, at one time distinct, are becoming much more intimately blended together. The manner in which race characters blend differs considerably. In some cases, as, for instance, when the one parent is fair and the other dark, the hair of the children may be of an intermediate color, but often some of the children take after the one parent in the color of their hair, while others are like the other parent in this respect. Inherited characters are transmitted from further back ancestry than the immediate parents, and an infinite number of blended elements may exist in the same person. As the process of blending of the population goes on it is evident that on theoretical grounds there should be a tendency for the extremes of any pronounced character to become modified, and therefore for the number of persons with very fair hair to become fewer in course of time. This question has received a good deal of attention from Dr. Beddoe, of Clifton, and Mr. Charles Roberts, who have been at considerable pains to investigate the question practically. The number of persons with light hair and light eyes in different parts of the British Isles in relation to the general population of the same places varies very much. As a general rule, the east coast of Scotland and the northeast parts of England contains the greatest percentage of fair-complexioned persons, but in the neighborhood of Bristol and Glasgow the actual percentages were found to be highest. In Ireland the highest percentage of fair persons is in the northwest. The results of a large number of observations prove that the prevalence of fair complexion is dependent upon similarity of race origin of the inhabitants.

In forming opinions as to whether fair-haired persons are less numerous in a particular locality now than formerly, the element of age has to be considered. A person who has spent his childhood in a fair-haired district, and visits it

again after a lapse of years, may easily imagine that the number of fair-haired persons is fewer than formerly, merely on account of the class of persons from whom he draws the inference being more adult than those of whom he has recollection in former times. Upon the rate at which hair darkens from childhood to adult age we have some valuable observations, which show that the hair of light-complexioned male children darkens from 55 per cent. during the first five years of life to 33 per cent. at forty-five years, and dark hair with light eyes is found to increase in about the same ratio. Darkening of the female hair and eyes with age takes place to a much less extent than among males. It would appear, therefore, that in estimating the increase or diminution of fair-haired persons in a particular district, observations on females are much more trustworthy than on males, from the fact that they are much less liable to variations; but, on the other hand, it must be remembered that the color of a woman's hair is more liable to alter according to the tint which is considered the most fashionable at a particular time.

Besides the blending of fair-haired races with the dark stocks, there are other elements which Dr. Beddoe has shown may account for the diminution of fair hair in England, and these should not be overlooked. He considers that the xanthous temperament is less able to withstand the insanitary conditions existing in the crowded populations of our great cities than the melanotic, and that in this way the law of natural selection operates against its increase. Again, as a large majority of women live and die unmarried and childless, it is probable, in his opinion, that the physical qualities of the race may be, to a small extent, moulded by the action of conjugal as well as natural selection. In support of this he has given statistics showing that of 737 women, only 55.5 per cent. of those with fair hair were married against 79 per cent. with black hair, while 37 per cent. with fair hair were unmarried against 18 per cent. with black. On classifying those with red, fair, and brown hair as "blond,"

and those with dark brown and black hair as "dark," we have 359 of the former and 361 of the latter. Of the blondes he found 60 per cent. were married to 70.5 of the dark, and 32 per cent. of the former were unmarried to 21.5 of the latter.

If during several generations this preference among the male sex for wives with dark hair should continue, it is reasonable to suppose it would exert an influence decidedly adverse to the increase of fair-haired persons being maintained.

On various grounds, therefore, it would seem as if the fair hair so much beloved by poets and artists is doomed to be encroached upon and even replaced by that of darker hue. The rate at which this is taking place is probably very slow, from the fact that Nature is most conservative in her changes.

—*British Med. Journal.*

THE DECLINE OF SURGICAL PRACTICE.

One hears on all hands complaints that surgical practice is no longer what once it was, and the most blood-curdling stories are circulated of practices which, from decidedly lucrative, have fallen to a pitch inconsistent with the comfort and dignity of their owners. The cause of the decline—for its existence is, unfortunately, hardly to be disputed—is not far to find. There was a time, and that not so very distant, when the surgeons of the metropolis had the virtual monopoly of serious surgical cases throughout the kingdom, when only those whose means forbade their incurring the heavy expense incidental to a journey to London for the purpose of undergoing treatment at the hands of this or that celebrated operator, consented to entrust their precious tissues to the tender mercies of the provincial surgeon. Such times are past, alas! for the glory of the London surgeon. Their provincial fellows have carried the torch, or rather the knife, of knowledge into districts where erstwhile it was conspicuous by its absence, and each large town now possesses at least one operator whose fame not only attracts

cases from the adjacent counties, but even reaches the metropolis itself, where these gentlemen complacently recite the history of their prowesses. Even the general practitioner has screwed up his courage, and ventures to excise breasts where formerly he would have drawn the line at the extraction of a tooth. How to bring back the good old days is a problem which will tax the ingenuity and the resources of those most interested in stemming the flowing tide, and it is seriously open to question whether, if possible, success in this direction would be desirable, in the interests both of the public and of the profession at large. In the Middle Ages, when learning was a scarce commodity, certain men, better informed and less illiterate than their fellows, stood prominently forward as phenomena of erudition, but, with the general advance in education, such giddy heights of superiority have become more difficult to attain, while the number of *litterati* has increased a hundredfold. It is probably the same in respect of surgery. The higher standard of efficiency now enforced places it within the power of every practitioner to follow the bent of his inclination and go where his courage leads him. Distressing as the result is for those who formerly towered above their rivals, it undoubtedly redounds to the honor of the profession and to the better treatment of the public.

—*Med. Press and Circular.*

THE FECUNDITY OF MARRIAGE IN FRANCE.

The serious depreciation in the population in France places a premium upon those good patriots who help to counteract the evil by having a serviceable number of offspring. It appears that a new law is about to be framed, giving certain advantages to parents having more than seven children. With this object in view, some statistics have just been published, showing the prevalent condition of fecundity which obtains from marriages in France. To begin with, there are two millions of married persons who have no children at all; of

those having one child, there are two millions and a half; of those with two children, two millions three hundred thousand; of those with three, about one million and a half; of those with four, about one million; of those with five, five hundred and thirty thousand; of those with six, three hundred and fifty thousand; lastly, of those who have seven or more, two hundred thousand. These statistics place the matter upon a practical basis. The French Government will be able to compare results after some years, provided the new scheme of conferring concessions upon useful sires and dames ever comes into operation. It is not stated, by the way, what the concessions are to be.

—*London Med. Recorder.*

ANATOMICAL NOMENCLATURE.

The following is the preliminary report of the Committee on Anatomical Nomenclature of the Association of American Anatomists:

The Committee recommend:

1. That the adjectives "dorsal" and "ventral" be employed in place of "posterior" and "anterior" as commonly used in human anatomy, and in place of "upper" and "lower" as sometimes used in comparative anatomy.

2. That the cornua of the spinal cord and the spinal nerve roots be designated as "dorsal" and "ventral" rather than as "posterior" and "anterior."

3. That the costiferous vertebræ be called "thoracic" rather than "dorsal."

4. That the hippocampus minor be called "calcar;" the hippocampus major, "hippocampus;" the pons Varolii, "pons;" the insula Reilii, "insula;" pia mater and dura mater, respectively, "pia" and "dura."

The Committee desire frank and full expressions of opinion from scientific and medical journals, from individuals who receive copies, and from any others who are interested in the subject.

Professor Burt G. Wilder, Cornell University, Ithaca, is the Secretary.

REDUCED rates are *only* for those who pay *in advance*.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

THE SAINTS OF PATHOLOGY.—Superstition, says Paul Lacroix, is the parasitic but inevitable consequence of all religion, and in certain weak-minded and simple souls, it naturally becomes more powerful than religion itself. Superstitious and ignorant people are unfortunately too numerous. It was the same in ancient times as at the present. Let us rapidly glance over the history of medicine in connection with faiths.

In the antique periods of Paganism, divinity was closely related to pathology, but the old gods are dead. Jesus has vanquished Jupiter; heaven and disease nevertheless continue their commerce of amity. Sacred therapeutics will always continue to exist. In days of yore we lodged things in Olympus, but Olympus finished its lease and we lodge them now in Paradise. In the Pagan heaven was a long list of gods and goddesses who presided over the affections of mankind; in Paradise we have a multitude of saints who minister to the external or internal troubles that haunt body and soul. Divinities of the Pagan class I shall only view from a maternal standpoint, but shall give a longer list of their Christian successors.

The contemporaneous matrons of Cæsar Augustus knew who to call on for correctly made babies. They had the Goddess Pertunda, who presided over the consummation of the marital act and the coition of the two sexes; the Goddess Mena, on whom menstruation depended; then Materprema, the goddess who kept the womb in order. After conception came Fluonia, who preserved the life of the fœtus; then Juno, who made the fœtus assume a proper position for delivery. At the term of pregnancy Lucina arrived with an assistant corps of Nixey's who assisted the goddess in

contracting women's wombs in order to facilitate labor. When the child was born, it was immediately placed under the protection of Jupiter, and afterwards under the female divinity Cunina. Rumilia was the goddess who saw that the mother's breasts were kept healthy and well filled with milk.

The Christian women of to-day are less fortunate in the number of their protecting déities. They only have "Our Lady of Monteferrat," prayers to Saint Marguerite, water of Lourdes, and the statue of Saint Guignolet, the latter's only use being for impotent husbands to scratch against. As auxiliaries to ergot and forceps this list of saints is not formidable.

Very happily, if parturition is a little neglected by saints and saintesses, pathology, properly speaking, has less to complain of in this regard, for almost every modern disease has its patron saint, who cures or creates.

To Saint Anthony, with or without his pig, belongs gangrenous erysipelas or Saint Anthony's fire, senile gangrene, and various pyrexias, as witness this passage from the pious author of *Dames Gallantes*, i. e.: The brave Bayard, being one day persecuted by a high fever, so that he felt as though he was burning up, implored Saint Anthony in the following words: "Oh! Anthony, my good saint and saviour, I ask you to remember that when we French entered Parma and burned the churches, I would not consent that your church should be destroyed, but guarded your special edifice with my company of knights until danger was past, preserving your safety. Please reciprocate my favor." Having said this prayer Bayard was well, *wonderful to relate*, in eight days after. Perhaps the saint might have cured the patient of his erysipelas quicker, but Saint Anthony was not always a willing fellow, as witness that other soldier whose history is narrated in *Sermenez Epagnolz*: Leaving his bed of sickness, he went to church to thank God for his recovery and thus related: *Beso la manos, señor Jesus, y tambien a vos san Pablo y san Pedro*, and then turning towards the portrait of Saint Anthony, repre-

sented as having a long and patriarchal beard, he exclaimed: *Y no avos, barba blanca, que tan mal su fuego me trato, y me quemo in mis calentuas*. This warrior had no intentions of thanking the white-bearded Saint Anthony, whose fire had burned him up with fever, and, he must have eaten pork on Friday.

Saint Avertin, Saint Romain, Saint Gildas and Saint Matheln, divide mental alienation. "When infants are squalling and stubborn," says J. Panckoucke, in his "Dictionary of Proverbs," "it is necessary to call in Saint Avertin." Yet, another writer says: "There is no recipe in medicine, nor *qui pro quo* of the apothecary can cure Saint Avertin's disease."

Saint Eutropius cures dropsy, we are told, yet he failed to render service to Louis XI. Cheveau, in his life of Coitier, notes this fact and adds that the cultivation of saints is based upon their names; thus Eutropius, means *eau trop*, or, rendered into English, *too much water*; hence he is appealed to in cases of dropsy. Saint Genou, who cares for the gouty, is, maybe, of the same kind. inasmuch as genou in French means *knee*. Saint Mammard, is the patron of sore breasts. Saint Marcou (*mal au cou*) cures King's evil, and that all powerful saint, Fiacre, devotes much time to vegetations of the anus.

Eugene Noel's hypothesis becomes an absolute certainty for the patrons who are cared for at the Lourcine Hospital, for that bibliophilist Jacot remarks: Cures are divided among the saints who seem to have a monopoly of the business; indeed, the saint has often been invented to fit the malady; as when for instance, venereal diseases appear, we invoke a Saint Foutin to take them under his auspices. Saint Sebastien is supplicated in venenous plagues. Let us not forget Saint Roch. In *Les Aventures du Baron de Funeeste*, D' Antign presents a Gascon who, falling into a dead house containing plague-stricken bodies, goes to see his priest and bids him say a mass to Saint Roch. This Gascon, a devotee to Saint Roch, was no more simple-minded than the rest of the inhabitants of Provence, who go once a year, that

too in the nineteenth century, to cry a *misericorde*, in the chapel of Saint Sebastien.

In the South of France, Saint Hermantaire prevents children from having night terrors and convulsions, and Saint Victor calms the most violent fevers. Consult a devout inhabitant of Marseilles and he will tell you that after *La Bonne mere de la Garde*, none perform better miracles than Saint Victor.

Saint Gerbold occupies his time curing dysentery; Saint Reynauld is a bladder specialist, but of all these saints the most curious specialty followed is that of Saint Bernardin, who, according to Henri Estienne, cures *suffocation of the womb*. Saint Elvi is always called in in cases of strangling, while Saint Main can prevent the itchy from scratching. Other skin diseases must have this patron saint, for that eminent surgeon Ambroise Paré says in his chapter *Des Venina*, "An ointment of quick silver cures the latter, which is one of Saint Main's diseases." In his commentaries on Dioscorides, Antoine du Pinet states that Saint Main's disease is cured by rubbing with water.

Saint Genou, the great specialist, has two assistants, *i.e.*, Saint Mor and Saint Guésalan. Our Coquillart witnesses this fact in his *Monologues des Perruques*, where it is said: "I come to Saint Mor and Saint Guésalan to be cured of gout." Homage is also rendered to these two saints in an old comedy called "Paste and Tart," in which one of the characters exclaims:

"*Que la goutte,
De Saint Mor et de Saint Gueslain
Vous puyssiez tresbucher a plein.*"

Saint Guy, of England, is the patron of chorea, from whence we have Saint Guy's dance as the name given to this affection. In olden times the peasantry of Great Britain danced before Saint Guy's chapel to cure that malady, but they have danced much less since bromide of potash was discovered. If Saint Main, as we have said, assists one to get rid of the itch, that good friend Saint Reine is a sovereign remedy against *tinea favosa*. In his *History of Beggary in France*, Maxime du Camp has

not forgotten to mention mendicants who pretend that they were cured of eruptions on the scalp by making pilgrimages to Saint Remis' chapel. As a friend of these cutaneously afflicted we may likewise mention Saint Lambert, not to mention Saint Saintrain, the latter being most often invoked in Northern France.

What saint is more respected than Saint Hubert? The number of cases of hydrophobia cured by this patron is incalculable; even Pasteur's several thousand claim becomes insignificant in comparison. Saint Hubert, it is true, has had Saint Mathurin as a sort of assistant to the chair of canine madness, but is strong enough to do without his aid. Saint Hubert is well known throughout France, North, South, East and West; old graybeards and smooth cheeked adolescents adore him; but we will dispense with his specialty as improper for ears polite.

There is Saint Lazarus, who once followed Saint Hubert's specialty in the Middle Ages, but seems to have lost his practice as patron to a certain extent. It is true we still call our pest houses "*Lazerates*," but leprosy has somewhat degenerated at the present day. Yet, in the eighth century, France alone, in Europe, had two thousand hospitals for lepers. To-day the disease is a pathological rarity, yet measles pork is still called "*pourriture Saint Lazare*." We congratulate Saint Lazarus on having plenty of leisure time, and there is no need of his further assistance to God's people.

But, superstition still lingers, and we wonder not when only a few days since "*La Epocca*" declared officially that "Her Majesty, the Queen of Spain, would be happily accouched since a bone of John the Baptist, a lock of the Virgin Mary's hair, and a shirt once belonging to our Saviour Jesus Christ, will be present should the Royal fœtus prove recalcitrant." This pious and royal obstetrical arsenal needs the addition of the relics of Saint Marguerite, which served Marie de Medcis so well that her labor lasted only twenty-two hours. A piece of the robe of Saint Ignatius should also be present, as it is said to prevent

fright among women at the moment of parturition, while the cord of Saint Joseph, in blue wool, always hastens labor and should also be added to the Queen of Spain's collection of curiosities. Perhaps a good pair of forceps would be more valuable than the combination of saints and relics. France has already seen Her Majesty Eugene de Montijo, another Spanish lady, by the way, provide herself with some bones presented by her august spouse, and yet these saintly things were rejected for a pair of obstetrical forceps, and Napoleon the IV. pulled into the world by his ears, that too, by a very sensible modern obstetrician. But adieu to the saints.—[*Dr. F. Bremond.*]

INGRATITUDE. — The *Gazette des Hôpitaux* of 1830 recount the following fact: "Madam Asselin, widow of a physician dead from cholera, claimed compensation from the Justice of the Peace of the Sixth Arrondissement for fees due her husband for saving many persons during the epidemic." To her

demand the legal gentleman exclaimed: "I am astonished that you make such a claim; the doctors of Paris have been sufficiently compensated by their eulogies in the daily journals."

A JUDICIAL INFANT.—A small boy had stomach ache. He had eaten too much green fruit. The physician in attendance ordered him an injection, but the child refused to take it. "Why," said he weeping bitterly, "should the innocent suffer for the guilty?"—[*Dr. Loire.*]

RICORDIANA.—An old gentleman, aged seventy five years, once called at Doctor Ricord's office. He held his head down in a shamefaced way. Ricord made him a profound salutation and exclaimed, extending his hands: "Monsieur, accept my compliments."

[TO BE CONTINUED.]

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SPECIFIC VAGINITIS IN LITTLE GIRLS COMPLICATED WITH PURULENT OPHTHALMIA.

A Paper read before the Cincinnati Medical
Society, February 25, 1890,

BY

S. C. AYRES, M.D.,
CINCINNATI, O.

The occurrence of purulent ophthalmia in new born infants is not unusual, and its pathology is easily explained. Such cases are so carefully watched now, that the disease has almost disappeared in the large hospitals, where measures are taken as soon as the infant is born to prevent the virus from attacking the conjunctiva. In private practice it occurs occasionally, but much less frequently than formerly, owing to the prompt and intelligent treatment which these cases receive at the hands of general practitioners.

The occurrence of purulent ophthalmia in children beyond the infant period is not common. These cases come at long intervals, and as I have recently had two which interested me very much, I take the liberty of presenting them to you, as they concern the practitioner as much as they do the specialist.

The first was in a little girl seven years of age. The symptoms of purulent ophthalmia were extremely well marked in every respect. The swelling of the lids was enormous, so great that for two or three days the corneæ could not be inspected. The discharge was profuse and characteristic. The second time I saw the child I inspected the vagina and found a well marked purulent discharge from it. The child belonged to

a poor woman who lived in a basement room under a saloon, where the surroundings were about as unfavorable as they well could be.

She was first sent to the Cincinnati Hospital, where the vaginal discharge was examined microscopically and found to contain the characteristic gonococcus. Later on she was taken to the Episcopal Hospital, where I treated her until she was well. Under treatment the ophthalmia yielded promptly and she recovered with only a slight corneal opacity on one eye. The vaginal discharge proved very obstinate and required several weeks' treatment, but finally yielded, and the child was discharged well.

A second case came under my care in the latter part of November, in the person of a little girl three years of age. It was not so violent as the first case, but was quite severe, and she is still in the Hospital. The ophthalmia yielded promptly to treatment, but as in the other case, the vaginitis was quite obstinate. The purulent discharge from the vagina was very abundant, and it was examined several times for me by Dr. Dodd, who found the gonococcus present in the pus from the conjunctiva as well as from the vagina.

The two cases coming so close together have excited my interest in vulvo-vaginitis as it occurs in children, and as it is seen by the practitioner. It is well known that vaginal discharges in young girls may be caused by want of cleanliness, disturbance of the digestive functions, by the presence of ascariides, or even by dentition. Are these sufficient to excite a genuine purulent ophthalmia in case the conjunctiva should be inoculated? Does the gonococcus prove the specificity of the disease, or is it non-specific?

My friend Dr. Forchheimer, in a

note on the subject is kind enough to write as follows: "Vulvo-vaginitis is a very common affection in little girls. It is rather difficult to decide whether or no it is gonorrhœal. If you are willing to accept Neisser's gonococcus as decisive, the answer would be in the affirmative, as the gonococcus is found in a great majority of cases. On the other hand, I have found the gonococcus in leucorrhœa due to worms (*ascari-des*), so that it is difficult to answer the question positively. In the great number of cases of leucorrhœa that I have seen in children, only two produced purulent ophthalmia; yet compared with the number of cases in the adult this, in my experience, is a very great number. In both of these cases, however, some member of the family had gonorrhœa, and in my mind, there was no doubt of the connection between the gonorrhœa, the vulvo-vaginitis and the purulent ophthalmia."

It seems to me that in case some member of the family had gonorrhœa, that the child's eyes would be affected first if the inoculation came through the hands. If it came from infected washcloths or water which had been used on a person affected with gonorrhœa, then the vagina might be first involved.

The treatment of the vaginitis was conducted at the Episcopal Hospital by Dr. G. M. Allen, who made repeated examinations of the vaginal secretions, and found the gonococcus present until the disease was under control. There seems to be no question about the presence of the microscopic germ which it is said to be the evidence of specific urethritis or vaginitis. What value can we place on the presence of this germ in these cases? It would seem that it is not infallible, as it is found in leucorrhœa, and in girls so young that we must conclude that the virus must have been transferred to the mucous membrane of the vagina by accident, or it must have been non-specific in origin. If it is evidence of true gonorrhœal virus, how do these little girls become inoculated? How are we to draw the line of distinction between specific and non-specific vaginal discharges? This might become a very important medico-legal

question. A man might be accused of taking improper liberties with a little girl and might still be entirely innocent, although suffering at the time from gonorrhœa.

So far as the ophthalmia is concerned, it is impossible to distinguish between a specific and a non-specific inflammation. A genuine gonorrhœal ophthalmia may be more or less severe, depending on the activity of the virus, and so it is with ophthalmia neonatorum. The condition and susceptibility of the conjunctiva will also have much to do with deciding the severity of the symptoms. So far as the treatment is concerned, it is not essential that the character of the microscopic germ be definitely decided. The same care would be exercised in either case.

(FOR DISCUSSION SEE P. 720.)

GLYCERINE OF BORAX IN DIARRHŒA OF INFANTS.

E. Mansel Sympton has found glycerine of borax to answer capitally (says *The Lancet*) in diarrhœa of infants. The children like it, it lessens griping, renders sweet the offensive motions, and stops the diarrhœa. Its use may be supported by the following theoretical arguments: In diarrhœa infantum, the character of the motions suggests excessive fermentation of the contents of the alimentary canal. Glycerine and borax both possess well known antiseptic and soothing properties. The ordinary dose for a child is about twenty minims given every one, two, or three hours, according to the severity of the symptoms. The medicine should be diluted with a teaspoonful of distilled water, and flavored to suit. Glycerine of borax is composed of one ounce of borax in five fluid ounces of glycerine.—*Canada Lancet*.

For cleaning off smegma, and greasy applications used in treating balanitis and similar conditions, there is nothing equal to benzoin. The application is painless and it cleans the surface without rubbing. It also seems to have a curative effect upon ulcerations

—*Canada Med. Record*.

IS CONSUMPTION CONTAGIOUS?

The Address in Hygiene, delivered before the
Pennsylvania State Medical Society,
at Pittsburgh, June 10, 1890,

BY

THOMAS J. MAYS, M.D.,
Professor of Diseases of the Chest in the Philadelphia Polyclinic.

Mr. President: In casting a retrospect over the two years which have passed since our last meeting I am quite certain that you will agree with me when I say that the task of reviewing in a short address all the work which has been done in the name of hygiene during this time would be a prodigious if not a profitless undertaking, and that you will pardon my confessed inability to fulfil the strict letter of the law if I confine my remarks to the consideration of a special department of this branch of medicine, and thus make an effort to compensate in concentration that which I lack in generalization.

The theme to which I shall invite your attention to-day is that of the *Relation between Artificial Inoculation and Pulmonary Consumption*. The study of pulmonary consumption, like that of cholera, yellow fever, leprosy and many other diseases, has been approached from two directions—(1) from the experimental or laboratory side, and (2) from the clinical side. It must be admitted on every hand that these are legitimate and scientific methods of investigation; and, whatever the nature of their results may be, one thing is perfectly clear, and that is, that being the products of genuine processes, they corroborate each other, and must hence be accepted. Under such circumstances one side cannot be absolutely and entirely right, and the other absolutely and entirely wrong, but both must be entirely right, and must be complementary to each other. What then has each method contributed to the study of this disease?

In 1865 Villemin produced tuberculosis in rabbits by inoculating them with tuberculous material. This has since been abundantly confirmed by other observers, and in 1882 Koch gave

the study of tuberculosis a fresh impetus by demonstrating that a specific micro-organism—the tubercle bacillus—is associated with the tubercular virus. When this organism is injected subcutaneously into the bodies of animals tuberculosis is generated. Tuberculosis may also be induced by feeding tubercle virus to animals, or by compelling them to inhale the same. It must be stated, however, that artificial tuberculosis is most readily induced by the first, and least readily by the last two methods. Rabbits and guinea-pigs are more susceptible to it than cats and dogs, and on the whole the disease seems more communicable when the virus is introduced into the abdominal cavity than into the eyeball.

These facts show very conclusively that tuberculosis is transmissible from man to animals through inoculation, and they have naturally given rise to the almost universal belief that pulmonary consumption is a contagious disease. The health authorities of the State of Pennsylvania and a number of the large cities of this country and of Europe have been moved to adopt measures which have in view the suppression of this disease on the score of its contagiousness.⁽¹⁾ By common consent it must be admitted that this is a serious matter; for if this belief is correct, these officers are discharging a most sacred and responsible duty, in which they should receive the encouragement of every loyal citizen. If it is erroneous, it is equally clear that these officials not only perpetrate a terrible wrong on those who are afflicted with this disease, but also waste the time and energies of the people by misleading them in regard to the true nature, cause and prevention of consumption.

Let us see, then, whether clinical medicine is able to throw any light on

¹ The Board of Health of the State of Pennsylvania in a recent circular (No. 26, page 6) says: "Painful as the conviction, that he is able to be a dangerous source of infection to his family and friends, as well as to the public, must be to the sufferer from phthisis, it must be forced upon him. This is the duty of his medical adviser." Further precautions given are that under no circumstances shall his expectation be allowed to dry before it is de-

the truth or falsity of the contagion doctrine. In discussing this side of the question I will start out with the fundamental and self-evident proposition that, if other things are the same, those who are most exposed to a contagious disease are most liable to contract it. This may be very aptly illustrated by some of the accidents due to railway travel. While only a portion of those exposed to railroad accidents are injured or killed, it still remains true that the mortality rate from such casualties is higher among those who travel in cars than those who do not. This principle holds true in the case of small-pox, measles, etc., and is the *experimentum crucis* in the case of consumption, if, like them, it is a contagious disease. Now those who hold to the contagion doctrine say that the tubercle bacilli are the elements on which the contagiousness of consumption depends—*i. e.*, they are the carriers of the disease from person to person. It has been demonstrated that these germs abound in localities where the disease exists, and are absent where the disease is not found. Such localities are hospitals for consumption and the homes of those who suffer from the disease. It is inevitable, therefore, that physicians, nurses and attendants of consumption hospitals, and intimate relatives of consumptive patients, are more subject to the disease than those who are but seldom exposed. What are the facts?

Physicians who are constantly exposed to consumption are much less subject to it than are butchers, coopers, locksmiths, etc., who scarcely come in contact with it except by chance. The statistics of the Brompton Hospital for Consumption, in London, show that during a period of thirty-six years not a single clearly-authenticated case of consumption arose within its walls among its twenty-nine physicians and assistant physicians, its one hundred and fifty clinical assistants and its one hundred and one nurses, of which there existed a health record. The statistics

stroyed, and that he must scrupulously avoid spitting on his handkerchief, on the floor, or on the ground, and instead must use a small spitting-flask.

of Friedrichshain Hospital, in Berlin, recently gathered by Dr. Fürbinger, show that during a period of sixteen years, out of 459 male nurses there were four (two of whom were tuberculous before entering); of 339 female nurses there were two; of 83 physicians there were three (one of whom entered with the disease) who became consumptive. Of 108 Victoria sisters, who were engaged as nurses in the same institution from two to five and a half years, only one became consumptive.

These statistics are also strikingly confirmed by those which show the influence of the Consumption Hospital of Görbersdorf, in Germany, on the death-rate from phthisis among the inhabitants of that town. Dr. Brehmer, who had been in charge of that institution for twenty years, says that since the year 1854 more than ten thousand consumptives resided in the hospital, and daily walked the streets of the town and commingled with its inhabitants. The latter were, therefore, continuously respiring an atmosphere more or less laden with tubercle-bacilli emanating from the dried expectorations of these consumptive visitors; yet, in spite of these favorable conditions for contagion, the mortality is 50 per cent. less among the Görbersdorf population since than it was before the establishment of the hospital. These figures are especially interesting in view of the assertions frequently made that the healthful influence of mountain resorts is impaired by the infectiousness of the exhalations and expectorations coming from consumptive people who go there for relief.

Then, again, it may also be said that it is not true as, is so often asserted, that the attendants of hospitals, where other diseases than consumption are treated, enjoy a similar immunity from disease. This is well shown, at least so far as typhoid fever is concerned, in the records of the Massachusetts General and the Boston City Hospitals. In the former, from 1882 to 1887, no less than seven, and probably eleven, and in the latter, from 1884 to 1888, twenty-eight cases of typhoid fever occurred among the medical attendants and employees of these institutions.

Similar negative testimony is obtained from the statistics of the contagiousness of consumption between husband and wife. Dr. Schnyder, of Switzerland, gives a record of 844 cases of consumption occurring among married people. In 445 of these the husband only, and in 367 the wife only was consumptive, while in thirty two both husband and wife were affected; showing that in 812 instances there was not the least proof of contagion. Is there any reason to believe that the disease originated in the 32 cases? Dr. Schnyder says not, for four of these cases came to him fresh from the matrimonial altar affected with the first signs of consumption, and he is of the opinion that in spite of all warnings, young people are frequently married while suffering from the disease. The late Dr. Flint gives the history of 670 cases of consumption which affected husbands and wives, and among these there were only five in which there was a suspicion that the disease might have been contracted from one or the other; but it is certain, he says, that the instances in which transmissibility may be suspected can also be accounted for as coincidences in a disease which is so prevalent as consumption. M. Leudet shows, too, that out of 112 widows and widowers, whose consorts died of consumption, only seven (four women and three men) became phthisical; hence there remained 105 who lived intimately with tuberculous people without contracting the disease.

About seven years ago a committee of the British Medical Association distributed circulars of inquiry among the members of the profession in regard to the liability of contagion between husband and wife or between members of the same family, etc. Ten hundred and seventy-eight answers were received. Of these 778 were negative, 39 doubtful, and 261 were affirmative.

The large number of affirmative answers which have been received in this investigation are taken as proof of the contagiousness of this disease. This evidently is a mistake, for the aim of the inquiry was not to ascertain the number of absolutely well-demonstrated

cases in which contagion was present or absent, for this would obviously have been an impossibility, but it was to collect the individual opinions of a large number of physicians as to whether they believed the disease to have been contagions in certain cases or not; and this resulted in 778 negative and 261 affirmative votes. Are we to assume, therefore, that the 261 opinions are of more weight than the 778 negative ones, and thereby imply that the former only had the fortune or misfortune of meeting cases which originated through contagion, and the latter had not? Is it not more probable that all of them witnessed cases around which hung a cloud of suspicion that they might or might not be contagious, but that 778 did not consider the proof strong enough to outweigh that which, in their minds, was in favor of other and more powerful influences in the causation of the disease?

Now, in converging the evidence of the two sides of this question there appears to be an irreconcilable contradiction. The experimental testimony points decidedly towards contagion, while the clinical testimony just as decidedly opposes such an opinion. It must be remembered, however, that the first kind of evidence pertains only to experiments on the lower animals, and, in so far as it applies to the human body, rests entirely on a theoretical basis. It establishes the fact, however, that when the tuberculous virus is introduced under the skin, tuberculosis follows. On the other hand, clinical evidence utterly fails to show that such inoculation occurs in practical life; nor does it show that those who are most exposed to the bacillus tuberculosis, as it is disseminated through the atmosphere, or through food, are more, or as much, liable to contract the disease as those who are not so exposed.

When the apparent antagonism between these two kinds of testimony is thoroughly sifted it will be found that, so far as the origination of pulmonary consumption is concerned, laboratory experiments are absolutely silent. All that they show is that the disease may be transplanted by a certain method after it has been called into existence

by other causes. Clinical medicine does not, perhaps, define the exact mode of the origin of consumption, but it positively asserts that it does not arise by being transmitted from person to person through contagion. The great difficulty in the discussion of this problem has always been a neglect to distinguish between the origin and the transplantation of consumption. These two phenomena are actually treated as if they were one and the same thing, yet the original genesis of a new form of life or disease, whether normal or abnormal, differs as much from the artificial transplantation of the same as sunlight differs from moonlight.

The truth of this is strikingly illustrated in skin grafting. Particles of skin are planted on denuded surfaces and become thoroughly incorporated with the bodily tissues, yet such an artificial procedure gives us no knowledge of the origin and mode of genesis of the skin that is transposed. In cow-pox vaccination—another example of the same kind—a new form of life is not only transplanted to the body, but the new form of life has a deep, modifying influence on the whole organism; yet neither the operation nor its products gives us the remotest idea as to the source of the virus against the action of which it protects the body. Another exemplification of this is found in the vegetable kingdom. It is well known that a graft is capable of communicating the peculiar properties of the fruit, color of leaves, etc., of the tree or plant from which it is taken, to the whole tree or plant on which it is grafted.

Dr. Darwin, after relating a number of cases, in which grafting or budding of the variegated jessamine, the oleander, and the ash, infused their peculiar characteristics into the stocks which received them, states ⁽¹⁾ that "many authors consider variegation as the result of the disease; on this view, which, however, is doubtful, for some variegated plants are perfectly healthy and vigorous, the foregoing may be looked at as the direct result of the inoculation of a disease." Dr. Masters, in an able

contribution to the subject ⁽¹⁾, says: "Cases have been observed where, from the stock *below* the graft, fruits and flowers of the same appearance as those borne on the scion have made their appearance. This has been observed in the case of the pear grafted on the mountain ash, and in other cases." In regard to the transmission of variegated leaf properties through grafting, Dr. Masters states that "a year or two since a beautiful *Abutilon*, with leaves mottled with yellow, was introduced into our garden. It was very desirable that this should be propagated as largely and as speedily as possible. The scions of the variegated *Abutilons* were grafted on to green-leaved stocks of other *Abutilons* by many nurserymen on the Continent and in this country, and it was soon found that the grafted plants produced variegated leaves from the stock. That the variegation is really due to the influence of the scion is shown by the fact that if the graft becomes separated from the stock, the leaves subsequently produced from the latter were wholly green, as before the grafting, and even the variegated leaves originally produced lost their mottled character."

Let us then for a moment imagine the feelings of the experimental physiologist whose mental vision of the source of plant-life is limited to a knowledge that grafts have the power of infusing the peculiar color of their leaves, the nature of their fruit, the odor of their flowers, and their very fibre and constitution into the stock upon which they are grafted, on being ushered into a beautiful grove of trees, or into a garden of flowers. Would he not in his ecstasy at once say to himself, it is clearly demonstrated that grafts possess the power of transmitting these properties to the plant-stock, therefore it must follow that all this diversified wealth of vegetable form and beauty is the product of inoculation by grafting? Would not his analysis be as wise and as justifiable as that of the experimental pathologist who announces that because pulmonary con-

¹ Animals and Plants under Domestication, Vol. I, p. 474.

¹ Grafting: its Consequences and Effects, *Popular Science Review*, April, 1871, p. 149.

sumption may be occasioned by artificial inoculation, nature pursues a similar course in producing the disease? I do not by any means ascribe to myself infallibility of judgment, but I appeal to you, gentlemen, whether the mental processes employed by both the contagionists and the believer in the creative powers of vegetable-grafting, are not entirely identical in nature and in character?

Take away the inoculation experiments on animals and you destroy the corner-stone on which those who believe in the communication of consumption from man to man repose their belief. I am not unmindful that there are many who deny this, and who claim that their faith rests on certain and well-defined evidence of contagion. But I never yet saw a case of this kind reported, which, on thorough examination did not turn out to be a case of misplaced confidence, so far as positiveness is concerned. Probability exists sometimes, but this does not constitute positive proof. Nor need any one wonder at this, for it is not a question which is susceptible of decision by an appeal to specific individual instances, either for or against contagion, as has been maintained throughout this paper. But it is, as Dr. Oldendorff has recently expressed it, in a discussion of this same subject before the *Verein für Innere Medicin*, in Berlin, a question which must be determined by statistics; and statistics, as we have seen, give no uncertain tone in response.

When direct statistical evidence, such as that submitted in this paper, shows that among one thousand six hundred and twenty-six married persons, where consumption existed either in the wife or in the husband, the same disease occurred in the other partner in only forty-four instances, the certainty of non-contagiousness is placed beyond the shadow of a doubt. Here we have the picture of more than 1,600 people who were subjected to a much closer intimacy than that which obtains in any other condition of social life, occupying for years the same bed at night and the same room by day, and yet only forty-four, or 2.73 per cent. of the consorting

partners, became fellow-sufferers. Truly, if consumption is contagious, it can only be so in a very slight degree. But can the source of these forty-four cases be traced to infection? Hardly, for in a disease which is as general as consumption, it is highly probable that many of them carried within their systems a tendency to the disease, which only awoke out of its slumbering condition and asserted its power when the many varied burdens and demands of family life began to exhaust the vital resources. Again, it may be true, too, that some suffered from an active or a latent form of the disease before they were married. Indeed, Dr. Schnyder, who contributes the largest number of these cases, states distinctly that four of them came to him fresh from the matrimonial altar, victims of the disease in its incipency.

Moreover, the contagiousness of consumption is an old idea, and all the measures of prevention which are receiving serious consideration from those who believe in it at the present time were tested with disastrous results by the inhabitants of Naples more than a hundred years ago. They reasoned as follows: If consumption is contagious, then the separation of the afflicted from the well is the only logical remedy, and for sixty-six years—from 1782 to 1848—they enacted and enforced the most rigorous laws that have ever been introduced for the suppression of any disease. Every physician was fined \$180.00 for the first neglect to report a case under his observation, and was banished for ten years for the second offense. In every case the ceilings, walls, floors, doors and windows of the rooms in which consumptives died were torn out, and burned, and new ones were substituted. The bedding and furniture shared the same fate, and such dwellings were not inhabitable for one year. In consequence of these stringent laws, the family with consumption in its midst was shunned and driven to want, and the patient was regarded as a public pest. Houses in which consumptives died came into disrepute, and many of their owners were turned into beggars. The sick were neglected and left to die inhumanly away from their families and

friends. The intolerance of all this heroic treatment becomes more evident when we find that it had no influence whatever in diminishing the death-rate from this disease in Naples, and in other localities where it was administered. But, however much these colossal and outrageous crimes, performed under the cloak of justice and of humanity, may shock us, they demonstrate how earnestly the Neapolitans believed in the contagiousness of consumption. If they failed to suppress it, how much can the modern contagionists expect to accomplish by requiring that consumptives should cease to spit on floors, ground and pavements, and use fixed or portable spittoons instead. Indeed, when this advice is compared with the resolute and vigorous efforts of the unfortunate and deluded Italians, it seems more like the vaporings of a child's brain than the outcome of thoughtful and sober reflection; and it is sad to find men at this late day who are willing and anxious to repeat the superstitious follies and foibles of a century ago.

From all that has been said it seems perfectly plain to me that pulmonary consumption is not contagious in nature, and that its genesis has nothing whatever in common with that of small-pox, wound fever and other diseases which arise through infection. The works of Villemin, of Pasteur and of Koch have vastly enriched the science of experimental pathology, but they have absolutely no bearing on the natural origin of pulmonary consumption or on the question in dispute. No theory of any disease can be true unless it also points out the path of prevention and alleviation of that disease. Has the bacillus theory, which is so popular at the present day, rendered any such service to medical science? Has it lessened the mortality rate of this disease in the past, or does it give it any assurance of doing so in the future? Can any one claim that it has not been accorded a fair and generous hearing? Was ever a medical theory launched under more favorable auspices, or received with greater enthusiasm? The medical profession, prompted by the hope, long deferred, that a knowledge of the tubercle bacil-

lus would accomplish for phthisis what the germ idea had done for practical surgery, eagerly and frankly accepted it, and thoroughly proved it; yet he who takes a calm and impartial retrospect of the whole situation must own that never was an *ignis fatuus* pursued which left more promises broken and greater anticipations unfulfilled than this bacillus theory, so far as it stands related to the prevention and treatment of pulmonary consumption.

RARE FORMS OF CARDIAC THROMBI.

The following forms of thrombi have been met with in the heart chambers by Dr. Osler:—1. Globular thrombi, the vegetations globuleuses of Lænnec, which occur not unfrequently; they possess sub-trabecular ramifications, and are common in the auricular appendices and in the apices of the ventricles in cases of extreme dilatation. 2. Mural thrombi, which are not very uncommon, and are generally laminated. They occur in the dilated auricles, and particularly in their appendices, in the ventricles in cases of fibrous myocarditis and in aneurism of the heart. 3. Pediculed polyp-like thrombi, met with usually in the auricles. These are very rare, Hertz having only been able to find nine cases in the literature of the subject. 4. Ball-thrombi free in the auricles. These are excessively rare, only five cases having been recorded. The author gives an account of a case of a large ball-thrombus, free in the left auricle, with mitral stenosis, in a female, æt. 35. These structures are probably globular thrombi detached from the auricular appendix, which, being too large to pass through the narrowed mitral orifice, are kept rotating in the auricle, growing constantly by the accretion of fresh layers of fibrin. A second case reported was one of mitral stenosis of extreme grade, with enormous dilatation of left auricle by large laminated thrombus.

—*Lond. Med. Record.*

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Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of February 25, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

EDW. S. STEVENS, M.D., Secretary.

Round Ulcer of the Stomach.

DR. L. S. COLTER presented a fresh specimen, with the following history: A gentleman went from home to his place of business on Sunday morning, and shortly afterward was taken with violent vomiting and pain, which he referred to the region of the cæcum. He died the next day—yesterday. The speaker made a post-mortem examination and found upon the anterior wall of the stomach a round perforating ulcer, which, with the peritonitis which resulted, was all that was found. There was not much of a history to be obtained. He had been subject to attacks of colic at intervals for several years.

Perforating Ulcer of the Stomach.

DR. WM. CARSON also presented a specimen of perforating ulcer of the stomach. It was not often, he said, that two cases so nearly alike were brought to the same meeting. Last spring he showed a specimen, but it had been lost. The patient in that case was supposed to have impaction of the large bowel, and he ordered catharsis. His interne was called up at night because of the sudden distress of the patient. There was great enlargement with perforation.

The case which furnished the present specimen was thirty-five years of age, and came under his care last November. There was a history since June, of "dyspeptic symptoms." The speaker made up his mind that his patient had a gastric ulcer. The pain was so severe that hypodermatic injections of morphine were required. Rectal feeding was ordered, and after a while, small quantities of liquid food were permit-

ted. In a week's time the patient had less discomfort. He vomited blood once or twice. By the first of January, the patient was taking considerable solid food, everything that would tend to build him up. This continued until two weeks ago; then he began to experience sweating and irregular symptoms. He rapidly ran down. At the left of the median line a mass was felt, which was painful. It penetrated to the left lobe of the liver. He became better again, until last Thursday; severe pains then came on, and he was almost narcotized with opium before it was relieved. Collapse came on, with death the following day. There was a feeling that the mass might be malignant, for he thought the ulcer had healed. The glands were enlarged, an ulcer found on the anterior wall of the stomach, nodules in the liver of an encephaloid character. He believes the ulcer was primary, and the rapidly growing malignant disease secondary.

Ovaries and Tubes.

DR. R. B. HALL presented specimens, showing in the fluid the floating adhesive bands, which had been detached. They were from a patient thirty-four years of age. She had been married fourteen years. She was sterile, had suffered most of her married life, though she had been strong, and weighed one hundred and sixty pounds. A few weeks after her marriage she had an attack of acute inflammation in the pelvis and in her bladder. Whether this was gonorrhœal or not he would not say. After that she had pains at the time of her periods and during intercourse. This continued for five or six years, when she had acute trouble. After six years of married life, the pain from which she suffered was so great that she was compelled to consult a physician, but in spite of all he could do for her she grew worse. She submitted to an operation for the "removal of the hymen." It did no good. She was in the hands of a number of skillful physicians, yet her health left her. She lost flesh until her weight was in the neighborhood of one hundred pounds. She became extremely hysterical.

The speaker was called to see her eight or ten days ago. To the left of the uterus was a mass, but it did not feel like a typical pus tube. It was plainly evident that it could be removed. On opening the abdomen, which was done nearly a week ago, the adhesions were found to be not firm. The tubes were not obliterated. In one ovary there was a cyst, which shelled out. She had a fibroid tumor of the uterus, and as she was thirty-four years old, and had never been pregnant, the other ovary was removed to bring on the menopause. She never had any temperature over 99.2° , except the evening of the operation, when it was 100° . He considered her past danger now. Whether this condition of adhesions was the cause of the dyspareunia or not, is uncertain.

DISCUSSION.

DR. CARSON called the attention of the speaker to the claims of Pope and Emmet, that they have relieved such cases as these without operating. As the ovaries were not particularly disorganized, would it not have been a wiser policy to have adopted other treatment?

DR. HALL, in reply, said that he would remind the previous speaker that he had distinctly stated that he would not have removed the right ovary except for the presence of the fibroid, which would grow during the next ten years of menstruation. By doing this operation now she probably escapes a much more serious operation later on. The cure of pyosalpinx and salpingitis is debated. The latter are no doubt often cured by other means than by the knife, but he would question the diagnosis of any one who claimed to cure pyosalpinx in any other way except its removal.

DR. S. C. AYRES read a paper entitled

Specific Vaginitis in Little Girls Complicated with Purulent Ophthalmia (see p. 711).

DISCUSSION.

DR. L. FREEMAN spoke of the bacteriology of these cases, describing the peculiarities of the gonococcus. He

spoke of finding the gonococcus in the discharge from a boy ten years of age, and of a girl nine years old. The true gonorrhœa is a self-limited disease that no known treatment will cure in less than three or four weeks. There is a non-specific urethritis, however, which lasts but a few days.

DR. HOLMES spoke of seeing the following cases in 1884: A girl, six years of age, was enticed into a lot and outraged. Gonorrhœa resulted. The child was afraid to tell her mother, but the latter discovered the stains and the discharge was found. In a few days an eye became inoculated. The eye was lost. They were not warned of the infectious character of the discharge, and one night a second child awoke with one of her eyes inflamed. By noon of the next day the other eye was affected. She then came under treatment. The inflammation was of unusual severity, but the eyes are normal now.

TUBERCULAR PERITONITIS.

From a study of this subject, based on personal experience, Dr. William Osler (*The Johns Hopkins Hospital Reports*), has formulated the following conclusions:

1. Tubercular peritonitis is often a latent affection, localized in the peritoneum, and may even run its course without inducing special symptoms.

2. As in other local tubercular processes, there is in this a natural tendency to healing, which takes place more frequently than has hitherto been supposed.

3. Statistical evidence shows laparotomy to be in many cases a palliative, and in a certain number a curative measure.

ANNIDALIN—Is the name given to a new derivative of thymol, produced by the action of iodine upon an alkaline solution of that substance. It is of a red color, and when exposed to the action of light, liberates iodine. It is proposed as a substitute for iodoform.

REDUCED rates are *only* for those who pay *in advance*.

Selections.

A RARE CASE OF CONGENITAL FORM OF RANULA.

The patient when admitted into hospital presented a peculiar appearance; at first sight he gave one the impression that he was suffering from acute glossitis; his mouth was wide open, and it was with great difficulty he could articulate; the tumor nearly filled the whole cavity of the mouth. The tongue was pushed upwards and far backwards, and could with difficulty be felt with the tip of the finger; the growth also projected beneath the jaw into the mylohyoid space, and assumed an elongated shape. In this situation, being about five or six inches in length, it was hidden from view by the patient's beard, and was as large as a good-sized orange; the projection into the cavity of the mouth commenced to cause inconvenience about eight months prior to the date of his admission, and for a month he had experienced great difficulty in swallowing; he daily essayed to get some solid food down, but it was quite an ordeal to do so, as it required a good deal of manipulation to get the food to the back of the mouth. There was a continual dribbling of saliva, and he was unable to lie down in a recumbent position for fear of suffocation.

On examining the tumor fluctuation was quite evident in the mass in the mouth, but in the neck it partook of a more solid nature. The treatment that suggested itself on his admission was to aspirate that portion of the mass within the mouth, which was done at once. Nearly fifteen ounces of fluid of a creamy nature was drawn off, and gave him great relief; he could speak more distinctly, but still found difficulty in moving his tongue forwards. For a day or so the tumor rapidly filled again in the mouth, and was aspirated a second, and a third time, large quantities of a similar fluid as before was drawn off.

The mass on the neck now became softer, and deep-seated fluctuation could be detected; it was then decided to lay

open the tumor from the neck, which was done by a deep incision, and which gave vent to some five ounces of a thick brown pultaceous matter, offensive in odor. The cavity was scooped out carefully and a drainage tube inserted, and after a day or so there was some suppuration and a free discharge of pus.

Subsequently the patient left the hospital freed from the unsightly mass that had disfigured him for so many years.

In this case the patient stated that so long as he could remember he had a swelling about the size of a small Spanish nut lying beneath the tongue, which caused him very little, if any, inconvenience; whilst the parents stated that they had noticed this swelling when their child was but a day or two old; it interfered very little with the movements of the tongue, the infant being able to suck freely and protrude his tongue. At this time it was about the size of a small pea; it remained that size for some years, and continued stationary until some months ago, when it commenced to increase rapidly in size, and interfered with swallowing and movements of the tongue. No assistance or treatment was sought for as the sufferer had a dread of surgical interference, and if it were not for the fact that he went within measureable distance of both starvation and suffocation, he would probably not have given his consent to any ameliorative measures being adopted.

In a paper read before the Moscow Medical Society, by Dr. N. Muller on ranula in new-born children, he states that in the foundling hospital at Moscow, four or five cases of congenital ranula had been observed during a period of seven years in about 80,000 children. And the *London Medical Record*, December 1877, mentions that up to that period there were only two known instances of this affection on record, one published by Dubois in 1833, and a second of a more recent date by M. Lombard. Mr. Bryant records two cases, both probably, he states, congenital. Sir W. Ferguson records one case. Fairlie Clark, in his work on the tongue, speaking of the larger tumors

that are occasionally, but rarely found lying between the tongue and the lower jaw, says that although the term ranula is applied to them, they are analogous to the sebaceous tumors, which are so frequently met with in the skin, but to all these growths, whatever may be their exact pathology, the term ranula is given. My case of ranula resembled that class of tumor noticed by Fairlie Clark; it presented some peculiar and interesting features, which were deemed worthy of recording, more especially as the growth was noticed on the second day after birth, and the subject is now nearly twenty-nine years old.—FLINN, *Med. Press and Circular*.

SUMMER COMPLAINT.

In the *Archives of Pædiatrics*, Christopher thus summarizes an article on this subject:

1. Various forms of abnormal fermentations occur in the bowels, and produce symptoms; they constitute the immediate cause of the collection of diseases known as summer complaint.

2. Summer complaint, so defined, includes putrefactive constipation, and all forms of diarrhœa and dysentery not diphtheritic in origin, nor symptomatic of septicæmia.

3. The three great predisposing causes of summer complaint, viz., hot weather, overcrowding, and bottle-feeding, are to be regarded as acting solely as adjuvants to fermentation.

4. The diet during summer complaint should be determined entirely by the conditions within the bowels, and not by theoretical ideas as to nature's food.

5. At least two well-marked forms of abnormal intestinal fermentation may be recognized clinically, viz., the putrid and the acid.

6. In the putrid fermentation, carbohydrates should constitute the food, and in the acid form, albumen should be the only food.

7. Milk, containing, as it does, both proteids and carbohydrates, should be prohibited in all forms of intestinal fermentation. When properly sterilized, food can be given; nursing babies, with

severe summer complaint, should be taken from the breast.

8. All food administered, of whatever type, should be aseptic.

9. In addition to regulating the diet on the foregoing principles, the treatment should include laxatives and intestinal antiseptics.

10. The lesions are to be regarded as the results of the fermentation, and are more marked in proportion to the duration of the disease.

11. The lesions assist in prolonging the disease, and, in all probability, act by providing a habitat for the micro-organisms, and by their secretions furnishing the micro-organisms with material with which to maintain their biological activity.

12. In chronic cases, where well-marked lesions may be supposed to exist, lavage of the large intestine and of the stomach, with appropriate antiseptics, is indicated.

13. Opium is contra-indicated, except in persistent acid fermentation, which threatens to produce anatomical lesions.

THE TREATMENT OF ACUTE CATTARRH OF THE RECTUM.

Quite frequently the practitioner of medicine sees cases in which the entire list of remedies generally found of value in the treatment of diarrhœa have proved useless, or merely palliative in effect. While they may control the frequent movements of the bowels for a time, the trouble reasserts itself, as soon as the medicine is withdrawn, at the best in a somewhat modified form. Careful inquiry will show, in such cases, several points of value as to diagnosis and treatment. The attack has probably been preceded by a few days during which there has been a sensation of weight or fulness in the rectum and about the anus; following this, a sensation of bearing down asserts itself, accompanied by violent pain referred to to the region of the stomach, or small gut. So severe is the pain in its paroxysms that the patient may cry out with it, and the perspiration break out over the body. At first small passages may

occur, but after a few stools they consist of wind and a few drops of mucus, which is expelled after a period of agonizing pain and tenesmus. Opium makes the state ultimately far worse than before, and nearly all astringents are valueless. Under these circumstances, small doses of chlorate of potash injected into the rectum are most serviceable, only one or two injections being necessary in some acute cases to produce a cure. A saturated solution of the potash in water should be employed, and about half a tumblerful injected each time, very slowly and without force, and retained for ten or fifteen minutes. Large injections will cause pain and expulsion of the liquid, and no result will be attained.—*Med. News.*

INTERNAL ANTISEPSIS.

The following quotation, from an editorial in the *Journal of the American Medical Association*, touches upon a matter we have most earnestly endeavored to bring to the attention of the medical profession. It is our belief that the study of the effects of micro-organisms and their products within the human organism opens up to us the most brilliant prospect ever dreamed of in the history of medicine:

"Why this sad neglect to utilize in medicine the principles so long and so successfully applied to surgery and obstetrics? It is possible that parasitism in other animals, and in plants, has not been studied enough to deduce those general principles, the understanding of which is necessary to the proper indications for the treatment of the infectious diseases. It is possible that the serious and fatal consequences of syphilis, tuberculosis, typhoid fever, and the acute infectious diseases of children, are due rather to secondary infection with facultative parasites, or secondary invasion with putrefactive bacteria, than to the primary infection by which the nosological appellation is selected. It is possible that the prevention of the infectious diseases is the only hope of medicine, as the prevention of wound diseases is the boast of surgery.

It is possible that the hint given in

the teachings and practice of Jenner has been too long untried in other diseases, and that the utilization of the principle on which immunity is derived in small-pox may cause a number of the contagious diseases to disappear from the civilized world. It is possible that too much attention has been paid to specific bacteriology, and that a closer relation must be established between mycological pathology, and physiology before a fruitful issue can be expected. It is possible that the teachings of the German investigators must be transplanted away from all personal prejudice and bias, and among physicians who are renowned the world over as practical 'doctors,' before that advance will be made, which is so much despaired of, though desired by all."

—*Times and Register.*

GENERAL PARESIS.

I. Psychological Symptoms.

1. General restlessness, unsteadiness of mind, impairment of attention.
2. Change of disposition, neglect of social observances.
3. Impairment of reflective powers, no logical or systematic development of thought.
4. General exhaustion of thought, numerous and extravagant desires.
5. Failure of memory—of recent events.
6. Delusions of wealth and power.
7. Hallucination of senses, in which remembered scenes are so vivid as to spread to the periphery.
8. Maniacal restlessness and excitement, impulses to peep into actions.
9. Increased mental weakness, incoherent repetition of false ideas.
10. Further impairment of memory.
11. Complete fatuity, coma, and death.

II. Motor Symptoms.

1. Persistent contraction of the occipito-frontalis muscle, and some dilation of the pupils, causing the eyes to be widely opened and the forehead wrinkled, and giving an expression of surprised attention to the face.
2. Persistent contraction and frequent tremors of the zygomatic muscles,

giving a pleased and benevolent expression of countenance.

3. Slight muscular restlessness and unsteadiness.

4. Impairment of the powers of executing fine and detailed movements, so that manipulative skill is lost, while movements *en masse* are still well performed.

5. Fibrillar tremors of the tongue, and some loss of control over its movements, so that it is protruded with difficulty; is rolled about when protruded, and is suddenly withdrawn.

6. Twitchings of the nostrils and upper lip, with frequent tremors of the latter.

7. Impairment of articulation, which is thick and wanting in distinctness.

8. An alteration in the voice, as well as thickness and hesitancy in speech.

9. Loss of control over the combined movements of the hand and wrist, so that the handwriting generally deteriorates.

10. Changes in the pupils, which are at first irregularly contracted, and then become irregularly dilated.

11. An alteration in gait, which becomes unsteady; the more complex movements of the thighs, leg and foot, and the balancing of the pelvis on the hip-joints, being performed with difficulty.

12. General muscular agitation and restlessness.

13. Gradual loss of power in the muscle of the face, tongue, neck, and limbs.

14. Spasmodic contraction of the masseter muscles, causing grinding of the teeth.

15. Convulsive seizures, most marked on one side of the body, and followed by transitory hemiplegia.

16. Loss of control over the sphincters.

17. Complete prostration of muscular strength, helplessness and difficult deglutition.

18. Contractions of the muscles of the limbs, and paralysis of the muscles of respiration.

General paresis is only apt to be confounded with locomotor ataxy or syphilitic general paralysis. By con-

trasting the symptoms the difference is marked:

GENERAL PARALYSIS.

Runs its course in a few years.

Commences with mental symptoms.

Is attended with libidinous ideas.

The motor symptoms are secondary in the order of time.

It is only rarely complicated with pelvic difficulties.

There often is great violence.

TRUE GENERAL PARALYSIS.

Prodromic stages. Exalted, notional ideas numerous and varied, and relatively exalted, according to the position in life.

Speech is tremulous and jerky.

Tremor of hands and lips.

Preservation of strength.

Pupils are apt to be contracted.

None.

None.

Transient aphasic attacks.

Spontaneous remissions.

—FLETCHER, *Indiana Med. Jour.*

LOCOMOTOR ATAXY.

Is slower usually, and may last ten, even twenty years.

Commences with pains in distal nerves.

Is attended with absence of sexual feeling.

The motor symptoms are the primary phenomena.

Pelvic symptoms are the prominent features.

The mental phenomena are imbecility and impaired memory.

SYPHILITIC GENERAL PARALYSIS.

Absent.

Rare or absent.

Speech is thick.

Absent as a rule.

Paresis or actual paralysis.

Apt to be open or wide.

Palsy of third or of other cranial nerves.

Headache nocturnal.

More serious aphasic attacks.

Progressive except under treatment.

BORAX IN EPILEPSY.

At a meeting of the Cardiff Medical Society, reported in the *British Med. Journal*, April 19, 1890, Dr. Stewart, assistant medical officer at the Glamorgan County Asylum, related cases illustrating the value of borax in epilepsy:

1. A girl admitted, aged thirteen, had had epileptic seizures dating from birth, occurring in numbers varying from two to twelve per day, and chiefly by night. She had been under treatment repeatedly, but without benefit. Without treatment the fits during the first week were twenty-six in number;

under borax they were reduced to twenty-four in the second and eight in the third week. After an interval free from fits of sixteen days, four occurred on two successive nights; then after another interval of nine days a single fit took place, and since that there has been no recurrence of fits, that is, a clear interval of over a month.

2. This patient began to suffer from nocturnal epilepsy at eighteen and came under treatment five years afterwards. The case was complicated by serious cardiac disease and stenosis of the mitral orifice. Without treatment the average monthly number of fits were one hundred and one, and under borax this was reduced to twenty in the first month, seven in the second, one in the third, five in the fourth, none in the fifth, and one in the sixth.

3. This patient had whoopingcough at seven, followed by left hemiplegia, imbecility and epilepsy. The average number of fits in a week, when no special treatment was employed, was three and one-half, and bromide failed to effect any reduction; after two and a half years' treatment the weekly average had risen to sixteen. Under borax the weekly average during the first month was reduced to fifteen and one-half, and during the second month to eleven and one-half. The diminution took place chiefly in the nocturnal seizures.

In 4, 5, and 7, in which the fits occurred both by day and night, bromide exercised a decided influence upon the diurnal seizures, leaving the nocturnal practically unaltered, and in these benefit was experienced from the combined use of bromide and borax, three doses of the former during the day and one single dose of the latter at bedtime.

6. This patient, epileptic and imbecile from birth, came under treatment at thirty-five. The fits were of the nocturnal type, were uninfluenced by bromide, and were slightly diminished by borax.

Dr. Stewart concluded that borax exercised a peculiar influence over nocturnal seizures, and that it was in cases where the fits were entirely of that kind that the greatest good might be ex-

pected; that bromide, on the other hand, exerted a more powerful influence over diurnal seizures, and that in cases characterized by both day and night fits a combination of these two remedies would be productive of most benefits.—*Med. and Surg. Reporter.*

THE INFECTIOUS NATURE OF PNEUMONIA.

That acute lobar pneumonia is an infectious disease is much more commonly accepted now that the circumstances attending its development in different instances have been more closely studied; and there is a gradually accumulating mass of evidence favorable to the views of those who adopt this theory of its causation. The relation borne to outbreaks of the disease by insanitary conditions is also receiving wider notice, as its causes are more closely investigated and the numerous experiments of Friedländer, Talamon, and others have established the view of Jürgensen that pneumonia is an infective disease, on a sufficiently firm basis. It is true that a difficulty surrounds the actual demonstration of the germ elements constituting the *materies morbi* of the affection, but Friedlander has succeeded in at least one instance in obtaining specific cocci from a pneumonic patient, and with cultivations from it, inducing the distinctive symptoms of the disease in animals inoculated with the virus. All the evidence forthcoming, indeed, goes to support the conception that pneumonia is one of the infective fevers, and in this connection a communication from Dr. Townsend, read before the Boston (U.S.A.) Society for Medical Improvement, is of much interest. He finds from an analysis of the records of a Boston Dispensary District, that of 643 cases of pneumonia occurring during 1881 and 1882, no fewer than 156 occurred, two or more in a house; and that of these, thirteen occurred in adjacent houses in small courts where very inadequate sanitary arrangements obtained. In every case examined, indeed, the provision for the discharge of slops and sewage, and for preventing the entrance of foul gases

into the dwelling rooms, was altogether inadequate, and especially in those instances where several persons were almost simultaneously attacked. Dr. Townsend's investigations are instructive also on the question of the durability of the poison of pneumonia, for he quotes instances in which in the same house individuals have been overcome by the disease at intervals varying from weeks to years; and the inference deducible from the facts is that the poison, like that of other infectious fevers, may lie dormant for uncertain periods of time until it is awakened to activity by a renewal of conditions favorable to its development and spread.

—*Med. Press and Circular.*

THE PAROXYSMAL PULMONARY ŒDEMA OF BRIGHT'S DISEASE.

Although œdema of the lung is one of the most important of the thoracic complications of Bright's disease, and as such has attracted much attention, yet, according to M. Bouveret, there is a form of this œdema which has thus far escaped the notice of clinicians. This particular form is characterized by a sudden onset, an excessive dyspnoea with threatenings of asphyxia, and a very abundant albuminous expectoration. This acute œdema occurs in distinct attacks, lasting each from some minutes to several days, and terminates either fatally or in complete disappearance of all the prominent symptoms. It is not commonly met with. Bouveret has found but three cases in all his records of interstitial nephritis occurring in the last eight years in both his hospital and his private practice. In his article in the *Revue de Medicine*, for March 10th, the histories of two cases are given in detail, and they afford an idea of the nature of this affection, which is quite distinct from the œdema associated in ordinary cases with Bright's disease, differing not only in symptoms, but also in origin. It must be regarded as an acute change occurring in the course of a chronic interstitial nephritis, either in its early stages or at an advanced period. In one of the cases

cited the patient regained his generally good condition of health. In addition to its course, so clearly paroxysmal, this form of œdema is specially characterized by its rapid mode of onset and of termination, the intensity of the asphyxia, and the sudden appearance of copious, frothy, reddish expectoration containing a large quantity of albumen, which is evidently the serum of the blood that has exuded from the pulmonary vessels and filled the alveoli and the bronchial tubes. The duration of the attacks is short, lasting from twenty minutes to four hours. This enormous secretion of serum through the respiratory apparatus is followed by a diminution in the amount of the urine, which becomes scanty, dense, and high-colored. The immediate cause of the attack has not been determined; possibly in one of the cases it was the result of over-exertion, but in the other instances the onset seems to have been spontaneous. Paroxysmal œdema is a dangerous complication of interstitial nephritis, and asphyxia is imminent so long as the attack lasts. If nothing arrests the exudation of bloody serum, if the expectoration fails to keep the air-passages clear, or if the right heart weakens, death is inevitable.

An explanation of this condition was given by Fraentzel in his work on *Diseases of the Heart* (Berlin, 1889), where he describes similar attacks in connection with enlargement of the heart from renal causes. He considers them the result of an upsetting of the equilibrium between the left ventricle and the right ventricle. This interpretation is supported by the experiments of Welch, undertaken under the direction of Cohnheim, which show that the most potent cause of pulmonary œdema is weakness of the left heart, which is apt to occur at the end of an interstitial nephritis. This explanation, however, fails to satisfy M. Bouveret, and he regards it as inconsistent with observed clinical facts. Those who have attempted the interpretation of renal pneumonia have given themselves up too much to humoral and mechanical theories, and have failed to take nervous causes into account, and Bouveret

is disposed to regard this enormous flux, which begins and ends so suddenly, as proceeding from a disturbance of the vaso-motor apparatus in the distribution of the pulmonary artery. It is difficult to determine the point of origin of the morbid influences which give rise to the dilatation of the vessels.

—*N. Y. Med. Journal.*

CEREBRAL SURGERY.

Prominent amongst the names of those who, by careful investigation and bold operative interference, have done so much in recent times to develop cerebral surgery stands that of M. Lucas-Championnière, of Paris. To numerous previous papers advocating an extended practice of trephining in the treatment both of injury and disease of the cranial contents, this surgeon has lately added a summary of a communication made to the Académie de Médecine, giving an instance of removal from the brain during life of an old clot, the result of spontaneous cerebral hemorrhage. The patient was a man, aged fifty-three, who, after an attack of apoplexy, had remained affected with paresis of the right lower limb, marked contraction of the right hand, and epileptiform attacks, which latter, as time went on, increased more and more in frequency and intensity. Study of the symptoms presented in this case having led to the conclusion that they were due to a hemorrhagic deposit in the ascending frontal convolution, M. Lucas-Championnière decided, as the condition of the patient was in other respects good, on exposure of the supposed clot, with the view of liberating the compressed and irritated cerebral structures. After the skull had been trephined over the middle of the fissure of Rolando, an encysted clot was found embedded in the brain, and, as had been expected, near the middle of the convolution in front of this sulcus. The cyst having been freely opened, the rust-colored contents were removed, and the cavity washed out with antiseptic fluid.

The results of this operation, it is reported, were very satisfactory. The contraction of the right hand had ceased

on the following day, and, when the patient was able to leave his bed, he found that he could walk with more ease. One attack of convulsions occurred about two months after the date of operation, but this was not repeated in the subsequent interval of four months up to the time of the publication of this report. It is difficult at present, M. Lucas-Championnière states, to form any decided conclusions as to the prospects of trephining in cases of non-traumatic cerebral hemorrhage. Many cases, it is held, occur in which, after cerebral hemorrhage, compression and irritation play so direct a part as to lead to the conclusion that operative treatment may be often applied with success. M. Lucas-Championnière can fairly claim the merit of having done much to facilitate and improve the operative methods of cerebral surgery, and to show that trephining by itself is not attended with any great risk, and also that the indications for such procedure now extend over a wide field. In his latest contribution on this subject reference is made to as many as thirty cases of trephining in his own practice, performed with a view to the cure of intracranial affections due to disease and not to injury, in all of which the patients recovered from the effects of the operation without the occurrence of any serious symptoms. Although in most of these cases, particularly in those of idiopathic epilepsy, the ulterior results of the operative treatment do not present instances of complete and brilliant success, they are still encouraging, and certainly justify the attempts that are being made to bring serious and very distressing affections of the brain within the range of surgical treatment.

—*British Med. Journal.*

ARISTOL FOR EPITHELIOMA.

European journals are beginning to contain a good many communications in regard to the action of aristol, which was described in the *Reporter*, April 26, 1890; (see also LANCET CLINIC, May 31, page 663.)

One of the most interesting and most recent is that by Dr. Brocq, in the

Bul. et Met. de la Soc. Méd. des Hôpitaux, May 1, 1890. Dr. Brocq presented to the Society a patient who had suffered for a long time with an intractable ulcerating epithelioma in the face. He had had this epithelioma since 1878, a period of about twelve years, and in that time it had progressed from bad to worse in spite of every effort that had been made to restrict its advances. When Dr. Brocq first saw the patient, he thought that nothing but a surgical operation could be of any use, and sent him to Dr. Championnière, who sent him back, stating that nothing could be done for him. Out of mere pity, Dr. Brocq then took him into the hospital and began treating him. He used concentrated solution of chlorate of potash; then powdered potash; and then, on account of the painfulness of these applications, he used an ointment of resorcin with one-tenth part of chlorate of potash. He then curetted superficially the edge of the ulcer; and in this way obtained a slight amelioration, but nothing satisfactory.

After this he decided to try the effect of aristol, which he had recently used with satisfactory results in another case. He made the first application on April 5. The result was almost immediate. In five or six days cicatrization was going on with great rapidity. In order to facilitate the process Dr. Brocq scraped superficially the borders of the neoplasm, removing the characteristic pearls of epithelioma. On April 25, when the patient was presented to the Society, twenty days after the treatment had been begun, the ulcer was almost healed, and Dr. Brocq was very confident that within a very few days the whole would be closed up.

This result of the action of aristol seemed to Dr. Brocq very remarkable, and decidedly superior to that which is ordinarily secured by topical applications in superficial ulcerating epithelioma. Aristol has an advantage over chlorate of potash in being entirely painless.

Brocq makes a very important observation in regard to the action of aristol, due appreciation of which may prevent disappointment and unjust criti-

cism of the substance. This is that it may be expected to do good in superficial ulcerations, but not in deep ones. It is not a cauterant, and has not such an affinity for diseased tissue as some other substances have in superficial ulcerations; it seems to have a very remarkable curative power, producing cicatrization more rapidly than anything else with which he is familiar. It has a value in other forms of ulceration than the epitheliomatous; and the experience of our colleagues on the other side of the Atlantic indicates that aristol is well worthy of a trial in this country, and that it is probably an addition of real value to the armamentarium of the physician and surgeon.

—*Med. and Surg. Reporter.*

THE USE AND ABUSE OF DRAINAGE-TUBES.

Mr. R. J. Godlee suggests in the *Practitioner* that by a curious irony of fate it would seem as if the perfection of the antiseptic system inaugurated by Lister was about to lead almost to the abolition of what in its early days appeared to be, and probably was, essential to its successful application. This seems rather unlikely, but Mr. Godlee's opinions on the subject are very interesting. At present wounds are closed completely, or nearly so, by means of sutures, and in almost every case an attempt is made to secure primary union by complete arrest of hæmorrhage, pressure, and surgical cleanliness. Drainage-tubes by their presence not only tend to prevent complete primary union, but also furnish an element of danger in their liability to admit infection to the wound at each dressing. He maintains that they should be dispensed with in incised or lacerated wounds where it is possible to arrest all or nearly all hæmorrhage, and to apply steady and uniform pressure. In large and complicated wounds they should be as short as will serve the purpose. When drainage-tubes are thus dispensed with, however, the temperature does not seem to keep so nearly normal as when the wounds are perfectly drained, and there is risk of collections of blood

or serum forming under the flaps. In many cases these collections may be absorbed, but in others they will require removal and healing will be delayed. Reference is made to the omission of drainage-tubes in trephining by Mr. Horsley, because an escape of cerebro-spinal fluid or a hernia cerebri is less likely to occur, and to the fact that after operations in the peritoneal cavity the peritoneum is able to take care of whatever effusion ordinarily takes place, so that drainage is necessary only in certain cases.

It is only too true that in surgery, as in many other things, there are fashions which come and go, as Mr. Godlee suggests, but we should be sorry to think that the change in the practice of English surgeons regarding the use of the drainage-tube was to be the result of a whim or fashion. The universal adoption of the drainage-tube was not on account of the tube itself, but because it formed a part of the paraphernalia of a new system of wound treatment, which promised and gave results wonderfully better than the most sanguine hopes of earlier surgeons pictured. Certain parts of the paraphernalia were dropped after evidence had been obtained that their employment was not essential to success, and other parts have become more or less restricted in their application. So, if surgeons decline to employ the drainage-tube now in every case in which it was formerly employed, but restrict its use to cases in which they consider it necessary or advisable, it is not through obedience to a whim of fashion, but it is the natural result of observation.—[*N. Y. Med. Journal*.]

A METHOD OF CORRECTING ADHESIONS BETWEEN THE SOFT PALATE AND PHARYNGEAL WALL.

All previous methods heretofore advised have had one fatal defect, namely, they do not prevent reproduction of the adhesions. The line of adhesion generally occurs in the situation of the faucial pillars below the palatal level. This method obviates the possibility of reformation of adhesions by the establish-

ment of a firm cicatrix at the base of the proposed incision by means of a seton left in situ until a cicatricial eyellet is made at the outer angle and the tissues are in condition for operation. An incision is made in the median line, cutting down upon the end of a curved steel bougie passed into the naso-pharynx as a guide. A staphylorrhaphy needle, armed with four to eight strands of coarse silk suture, is passed through the median incision into the naso-pharynx back of the adhesion and out through the adhesions into the oro-pharynx, just at the lateral wall of the pharynx. The suture is then tied and the knot slipped around into the naso-pharynx. The suture is moved slightly each day and in two weeks a canal is formed of cicatricial tissue, of larger diameter than the bundle of threads, and perfectly healed. The tissue between the two openings is then cut and the parts kept dilated until healed. No abrasion must be made in the line of the canal or the operation will be nullified. Pain in the procedure is slight and the hæmorrhage is easily controlled. Some nausea and gagging are at first produced by the presence of the loop, but the pharynx soon becomes tolerant of the foreign body and deglutition is but little interfered with.—C. E. NICHOLS, *Four. Resp. Organs, Feb., 1890*.

TREPHINING THE CRANIUM FOR PERSISTENT CEPHALALGIA AFTER AN ACCIDENT.

M. Terrillon spoke on the operation of trephining before the Société de Chirurgie. An officer of dragoons, aged thirty-five, while riding one day struck his head violently against a branch of a tree. Protected by the helmet, there was no wound, nor even loss of consciousness, but a slight stunning followed by a violent pain in the head which persisted for months, and at last became intolerable, preventing all sleep, and the patient became prostrate. The surgeon in attendance made at different times two or three incisions, but no relief was afforded. At the beginning of July of last year, the officer consulted M. Terrillon, who proposed trephining

the skull over the painful part. The patient accepted the operation, saying that he would submit to anything rather than live much longer in his present state. Two instruments were applied, removing about two inches of bone, and the dura mater was opened by a crucial incision, but no appreciable lesion was discovered, and the wound was closed. The pain in the head was immediately relieved, and for many weeks the patient only suffered at intervals, while within the last two months he has not only lost all pain, but he has regained the strength he had lost. M. Terrillon said that he could not explain the reason of the patient's sufferings, as the bit of bone removed was quite healthy.

M. Lucas said he performed the same operation several times, and he admitted that the fact was difficult of explanation.

M. Routier said that he operated on a young man, who four years previously shot himself in the head with a revolver. The ball tore through the scalp, and damaged the bone on the left side, and made its exit behind. When M. Routier saw him, the patient complained especially of pain at the point of exit. During the operation the lateral sinus was opened, but no bad results followed, and to-day the man is quite well; he has no more pain, and the epileptic attacks from which he suffered from time to time ceased.

—*Med. Press and Circular.*

THE GALVANIC CURRENT AS A LAXATIVE.

John V. Shoemaker, M.D. (*Journ. of Am. Med. Assoc.*), relates a discovery to the effect that a galvanic current, appropriately applied, serves as a laxative, and suggests that it may be found of paramount value in chronic constipation, thus affording another means of avoiding the use of purgative and laxative drugs, often objectionable and unsatisfactory. Whilst treating the prostate with the galvanic current—cathode in the rectum, anode over the perineum, he accidentally discovered that the application for about two minutes of a mild current produced a desire to go to stool.

He says that the strength of the current should be about one milliampère, so that the patient will feel at first as if no current at all were passing.

In the course of fifteen or twenty seconds, the rectal electrode will begin to warm to the point of painless tolerance. In about two minutes, the average patient can generally be affected to the degree of securing an easy passage.

The current, he says, seems to act both by stimulating the discharge of the rectal mucous membrane, and by dilating the sphincter ani; for, if the positive pole at the perineum is quickly removed, the sphincter forcibly contracts. Reversing the poles gives no such result; indeed, just the opposite, for, at the moment of applying the negative pole to the perineum, the sphincter ani contracts, remaining quiescent on removal.

SURGICAL TREATMENT OF TYPHILITIS.

Dr. F. Treves (*British Med. Jour.*) concludes:

1. The operation should not be performed until all inflammatory and other symptoms have quite subsided.

2. The incision should be made obliquely from above downwards and inwards over the cæcal region, its lower extremity ending just external to the epigastric artery. The incision should not be made directly over the appendix or over the duller region. If it be so placed, a number of adhesions will probably be encountered, and the demonstration of the peritoneal cavity might be difficult. The cæcum or the appendix might be actually adherent to the anterior abdominal wall. The incising of the peritoneum should, therefore, be conducted with the very greatest care. It is well that the parietal cut should open the abdomen at a point just beyond the diseased area, and where no adhesions exist.

3. When the appendix and cæcum are exposed, the area of the operation should be cut off from the general abdominal cavity by sponges. If the plugging with sponges be well carried

out, no blood should enter the peritoneal space.

4. All adhesions should be divided by cutting; none should be "broken down." The latter measure is apt to tear the bowel, or, at least, to bare it of peritoneum.

5. The appendix should be lightly clamped close to the cæcum, and should be divided about half an inch from the intestine; it should be secured by a simple ligature. The mucous membrane should be united by many fine sutures, or by a continuous suture; then the divided outer walls of the process should be brought together by a second row of sutures; it is practically impossible to bring the serous coats together. To still further secure the orifice, the stump of the appendix might be lightly attached to any adjacent surface of peritoneum.

6. The abdominal wound should be closed; no drain is required.

During the progress of the operation, any adhesions likely to give rise to trouble might be dealt with; this more especially applies to adherent omentum, or to adhesions binding down coils of small intestine. If the appendix be closely adherent to the ureter, or be found deeply attached in the pelvis, its removal may be attended with very considerable difficulties. The management of such a case must be left to the judgment of the individual surgeon.

A NEW METHOD FOR ARTIFICIAL RESPIRATION.

To perform artificial respiration with the greatest efficiency, requires two persons. The patient lying on the back, and, if possible, placed upon a table—one operator at the head takes a hand in each of his, and draws the arms directly upward, with a slow and steady pull, continuing the traction until the maximum of thoracic distension is obtained, which will require about three seconds. This accomplished, the traction is relaxed, without, however, attempting to press the arms against the sides. At this moment the other operator, who is kneeling or standing by the side of the patient, presses with both hands forcibly

upon the chest in a direction backward and toward the median line, so as to diminish both the depth and the breadth of the lower half of the thorax. This pressure, like the traction, is to be made slowly and steadily, and should be continued until the maximum expiratory result is attained, say two seconds. The pressure is then relaxed, and the traction on the arms follows again immediately. In this way about twelve respiratory movements per minute will be accomplished, under conditions giving the largest excursion of the chest walls attainable by manual procedure.

It will be seen that this is a combination of a part of Sylvester's method with the method of Howard. Sylvester's method is defective, in that it does not provide for efficient compression of the thorax; the position of the operator at the head of the patient making such compression extremely difficult. Howard's plan, on the other hand, does not provide for any expansion of the chest beyond the cadaveric position, and is, upon the whole, much less effective than Sylvester's. A combination of the two, carried out by two persons, secures a very considerable approach to the results of natural respiration, the action of the diaphragm alone being unrepresented. Another very great advantage is the division of labor—either of the other methods being exceedingly fatiguing to the operator.

—*Virg. Med. Monthly.*

ACETIC ACID AS AN ANTISEPTIC.

A paragraph in a recent number of the *Wiener klinische Wochenschrift* is devoted to a consideration of the results of investigations which have lately been made as to the germicidal value of acetic acid in comparison with correspondingly strong solutions of carbolic acid. The results do not seem to have borne out the expectations in favor of acetic acid. The suggestion which has been made that this acid, in the form of household vinegar, could be conveniently used as an antiseptic wash during the parturient period is also negated. It is pointed out that common vinegar rapidly develops fungous growths,

which render it singularly unfit for intra-uterine employment. On the other hand, vinegar has been much used in America as an obstetrical hæmostatic, and the results obtained with it have not been such as to make it looked upon here as favoring sepsis.

—*N. Y. Med. Journal.*

LASSAR'S TREATMENT OF BALDNESS.

The treatment recommended by Lassar, of Berlin, for alopecia pityrodes and alopecia areata has been attended with some brilliant results. According to Dr. Graetzer's article in the *Therapeutische Monatsschrift*, but few cases resist the treatment, and after a few applications the downy sprouts may be seen. The following procedure is to be repeated daily:

1. The scalp should be lathered well with a strong tar soap for ten minutes.
2. This lather is to be removed with lukewarm water, followed by colder water in abundance; then the scalp is to be dried.
3. A solution of bichloride of mercury, 1 to 900, the menstruum being equal parts of water, glycerin, and cologne or alcohol, is to be rubbed on.
4. The scalp is then rubbed dry with a solution containing beta-naphthol, one part, and absolute alcohol, 200 parts.
5. The final step in the process is an anointing of the scalp with an unguent containing two parts of salicylic acid, three parts of tincture of benzoin, and 100 parts of neat's-foot oil. This treatment should be persisted in for a period of six weeks or longer.

Lassar, who by the way is the secretary-general to the International Congress of this year, has done much to awaken the profession from the lethargic state into which it had fallen in regard to the treatment of alopecia; he is reported to have treated a thousand cases in the manner described. The attitude of physicians toward this affection of the scalp has been one of inattention and indifference. When a young man comes under notice whose baldness is conspicuous, his case has not uncommonly been the subject of

some trivial remark, ascribing the causation of the trouble to excesses in *Venere et Baccho*, or of the more sarcastic vulgarism bearing upon the affected person's "early piety." These supposed causes may be wide of the mark. The parasitic theory of the causation of hair-fall, as advocated by Unna and Sehlen, has its support in those not infrequent cases where the trouble seems to be referable to the use of unclean utensils by the barber. In this class of cases Lassar's treatment will find its indications and successes more frequently than in that other, neurotic, class described by Michelson and Schütz as occurring in young persons who have a "nervous" history or have met with a traumatism affecting the head and brain.

—*N. Y. Med. Journal.*

PHENACETINE.

To sum up what I have said of phenacetine, I draw the following conclusions:

1. It is an excellent antipyretic.
2. As an antipyretic it is best given in doses of from seven to ten grains.
3. It is an efficacious analgesic.
4. As an analgesic it is best administered in single doses of fifteen to twenty grains, instead of smaller doses given every few hours.
5. It is valuable for its sedative action upon the nervous system.
6. It is absolutely tasteless and more pleasant to take than any other antipyretic.
7. The great advantage which it has over antipyrine and antifebrine is that it is non-toxic.—*AYERS, Alabama Age.*

LOCAL SOCIETY NOTICES.

ACADEMY OF MEDICINE.—

Monday, June 16, DR. A. GRIMM will report a case of "Anal Fissure with Peculiar Nervous Manifestations;" DR. G. S. MITCHELL will also read a paper.

BINDING.—A VOLUME ($\frac{1}{2}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.


THE CINCINNATI LANCET-CLINIC:

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Cincinnati, June 14, 1890.

The Week.

MILLCREEK A PESTILENTIAL OPEN SEWER. — A WATER- WORKS THAT DON'T SUP- PLY WATER.

In the past we have felt it a duty to proclaim to the powers that be, and to the general public, the necessity that existed for the permanent improvement of Millcreek by the turning of the Miami Canal into that stream in the neighborhood of Lockland, thereby creating an open canal in the creek channel that would have in it sufficient water to at all times carry off in an inoffensive way the foul sewage of a great water-shed, on which is located a population of quite a hundred thousand people, two large infirmaries, Longview Asylum, large factories, soap and oil works, etc.

For lack of this natural means of relief, a few days of hot, dry weather produces a stench that is sickening to thousands of people.

The shortness of the water-supply of the city adds to the unfortunate conditions narrated, so that a season of heat and drouth will be productive of the

most dire consequences. The attention of our municipal and State authorities has been directed to this menace of the people, and to the absolute necessity for a change in the conditions of our water-supply. Little, if any, heed was given to our suggestions. A harvest of death, disease and desolation is the resulting consequence.

It is the province of sanitarians, and especially of physicians, to point out and direct attention to any and all conditions that threaten the health and consequent prosperity of the people, and we feel that the time is not far hence when this will be commonly recognized, and men who are skilled as professional sanitarians be in demand on all executive boards in municipal governments. The good health of the people is essential to all material prosperity, and this can only be had under approved sanitary and hygienic influences.

The first impressions of a traveller approaching the Queen City by any of the railroads that enter at the West End cannot but be disgusting, and his mind is at once made up that this is no place for him, unless he be a dealer in cheap disinfectants.

* * *

The city of Cincinnati has not in a long time had such a backset as it has received this year of Grace 1890, and all because of a sad mismanagement of the municipal water-works. Through the sheerest neglect of the power machinery, the water-supply has been so meagre for the past four months as to amount to a serious shortage, that verged on the ragged edge of a famine. At this writing elevators are stopped and the use of garden and lawn hose forbidden, while the suburbs are absolutely cut off. A prolonged continuation of this condition will mean a pesti-

lence and fat cemeteries, and all for lack of water, an abundance of which half encircles the city.

This threatening calamity should even now be throttled by immediately arranging with the authorities of the adjacent city of Newport for a main line of water-pipes from their reservoir over the Cincinnati and Newport Bridge, and its continuance into the Eden Park Reservoir. In addition to the exertions being made to repair the pumping machinery, this work should be at once undertaken. This siphon line could be supplemented by additional lines, and an indefinite increase of power at the Newport pumping works, which are most favorably located.

In addition to this, an artificial reservoir should be built on the hills west of Wyoming. This could be supplied with water obtained from driven wells in that vicinity, and the reservoir be made of sufficient capacity to supply the entire population of the Millcreek Valley. All the village and lateral sewers should be flushed every day from this source, while the Miami Canal turned into Millcreek would suffice to carry off the entire sewage of the valley.

If there is a better or more economical solution of these momentous questions we have not heard of it, and can only say we are anxious that the very best shall be done, and that at once. The people are justly indignant, and feel outraged at the prolonged continuance of this dreadful situation—a situation that appears to them to be no better than it was three months ago. The immediate laying of a twelve-inch pipe line across the Newport Bridge ought to take but a very few days, and this, followed by other and larger lines, would afford relief from a distress that is very harrowing to the people.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending June 7, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid fever.		Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Deaths.	Cases.	Deaths.	
1.....	1	2	..	..	..	..	..	..	..	..	..
2.....	..	..	..	..	..	..	1	..	..	..	..
3.....	..	..	1	..	..	..	..	..	..	..	..
4.....	..	..	..	..	..	..	..	..	..	..	..
5.....	..	..	..	..	..	..	1	..	..	..	..
6.....	..	..	..	..	..	..	..	..	..	..	..
7.....	..	..	..	..	..	..	1	..	..	..	..
8.....	..	..	..	..	..	..	..	..	..	..	..
9.....	1	..	1	..	..	..	..	..	..	..	..
10.....	1	..	..	..	..	..	..	..	..	..	..
11.....	2	..	..	..	..	..	2	..	..	..	..
12.....	3	..	..	..	..	..	1	..	..	..	..
13.....	1	..	..	..	1	1	1	..	..	..	..
14.....	..	..	..	..	..	..	..	..	..	..	..
15.....	..	..	..	..	..	..	1	..	..	..	..
16.....	1	..	1	..	..	..	..	..	..	..	..
17.....	..	..	1	..	..	..	..	..	..	..	..
18.....	..	..	..	..	..	..	..	..	..	..	..
19.....	1	..	..	..	..	..	..	..	..	..	..
20.....	..	..	..	..	..	..	2	1	..	..	..
21.....	..	..	..	..	1	..	1	1	..	..	..
22.....	..	..	..	..	2	..	1	..	..	..	..
23.....	1	..	1	..	..	..	..	..	..	..	..
24.....	..	..	1	..	1	..	..	..	..	..	..
25.....	..	..	1	..	..	..	..	..	1	..	1
26.....	5	..	..	..	2	..	1	1	..	..	..
27.....	..	..	..	..	..	..	1	..	..	..	..
28.....	..	..	..	..	..	..	3	1	..	..	..
29.....	..	..	..	..	..	..	..	..	..	..	..
30.....	..	..	..	..	..	..	2	1	..	..	..
Cin. Hosp	..	..	..	..	..	..	..	..	..	..	..
Good Sam. Hosp...	..	..	..	..	..	..	..	..	..	..	..
Totals	17	2	7	..	7	1	17	7	1	..	1	
Last week.	27	..	2	1	6	1	22	8	2	..	..

The following is the mortality report for the week ending June 7, 1890.

Croup.....	1
Cholera Infantum.....	2
Cerebro-Spinal Meningitis.....	1
Diarrhoea.....	4
Diphtheria.....	7
Enterocolitis.....	2
Measles.....	2
Typhoid Fever.....	1
Other Zymotic Diseases.....	2—22
Cancer.....	3
Consumption.....	9

Other Constitutional Diseases.....	3-15
Bright's Disease.....	4
Bronchitis.....	7
Convulsions.....	10
Heart Disease.....	7
Meningitis.....	13
Nephritis.....	3
Peritonitis.....	1
Pneumonia.....	14
Other Local Diseases.....	17-76
Deaths from Developmental Diseases.....	19
Deaths from Violence.....	10

Deaths from all causes.....	142
Annual rate per 1,000.....	22.72
Deaths for corresponding week of 1889....	102
Deaths for corresponding week of 1888....	101
Deaths under 1 year.....	49
Deaths under 5 years.....	72

J. W. PRENDERGAST, M.D.,
Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 46 cities and towns during the week ending June 6, 1890:

Diphtheria: Cincinnati, 17 cases, 7 deaths; Columbus, 5 cases, 1 death; Toledo, 4 cases, 4 deaths; Lima, 3 cases, 2 deaths; Cleveland and Chillicothe, each 2 cases, 1 death; Springfield, Massillon and Findlay, each 2 cases; 1 case each in Wooster, Xenia, Amelia and Milford.

Scarlet Fever: Columbus, 12 cases; Cleveland, 10 cases; Cincinnati, 7 cases; Massillon, 5 cases; Springfield, 4 cases; New London, 3 cases, 1 death; Zanesville, 3 cases; Youngstown, 2 cases, 1 death; Toledo, Chillicothe, Smithville and Glenville, each 2 cases; Ironton, East Liverpool, Elyria and Fremont, each 1 case.

Typhoid Fever: Cleveland, 10 cases, 7 deaths; East Liverpool, 6 cases, 2 deaths; Nelsonville and Winchester, each 2 cases; Cincinnati, 1 death, cases not reported; New Concord and Amelia, each 1 case.

Whooping-Cough: Glenville, 10 cases; Cincinnati, 7 cases; Lima, 4 cases; Rawson 3 cases; Cleveland, 2 deaths, cases not reported.

Measles: Felicity, 20 cases; Cincinnati and Springfield, each 17 cases; Elyria, 12 cases; Middletown, 11 cases; Cleveland, 8 cases, 1 death; Youngstown, 5 cases; Winchester, 4 cases; Xenia, 3 cases; Massillon, Cambridge and Leesville Roads, each 1 case.

The following towns report no infectious diseases present: Uhrichsville, Beverly, Kent, Defiance, New Carlisle, Chester Hill, Mt. Vernon, Fostoria, Bainbridge, New Richmond, Edison, Springboro, Geneva, Wellston and Arcanum.

C. O. PROBST, M.D., Secretary.

FOR SALE—At a reasonable figure, a good practice in the Muskingum Valley, among English-speaking Germans. For particulars, address Lock Box J, Lowell, Washington county, O.

MISCELLANY.

THE SCIENCE OF LONGEVITY.

This subject is one which has always had a powerful attraction for human beings, as the earnest though often puerile researches of the would-be discoverers of the elixir vitæ in centuries past sufficiently prove. If their methods have fallen into disrepute and if the attempt to discover empirical means of adding to the brief span of human life has been abandoned, the matter is one which even when treated in the abstract still possesses an invincible interest. What our forefathers, however, failed to secure for the individual, we, their successors of the nineteenth century, have succeeded in giving in part to nations at large, in exact proportion to the extent to which they understand and practice the laws of individual and national hygiene. The scientific study of longevity in reality resolves itself into an inquiry into the causes of the changes incidental to old age and ultimate death. So far, our knowledge does not authorize the belief that these changes are other than an essential feature of protoplasmic life, though the curious phenomenon of reproduction is in striking opposition thereto.

How is it, we may well ask, that an organism itself fatally destined to disappear at no distant period of time, is enabled to confer a fresh lease of life on part and parcel of itself? The phenomena of senility and reproduction are in striking contrast one to the other, and when, if ever, this problem of fertilization has been elucidated, then probably the art of prolonging life will devolve from it as a corollary. However much the details of the process of reproduction may vary—and they vary infinitely—the principle involved is essentially the same. As under favorable circumstances the number of individuals belonging to each species, is constantly on the increase, the quantity of creative force in the universe must be undergoing a corresponding increase, and must be due to the calling into action of some other natural force.

The embryo, whether vegetable or animal, receives a provision of creative force, which, apart from accidents, determines the duration of its individual span of life.

The phenomenon of budding or germination is a process which may serve to explain what must otherwise remain invested with obscurity. It shows how certain cells are set apart and do not undergo their full development in the parent stock, but ultimately enjoy a separate, though similarly ephemeral, existence, some undeveloped cells always remaining to perpetuate the species. This explanation has the disadvantage that, when carried far enough, it becomes as difficult to conceive and realize as sexual reproduction.

The most careful study of the habits of life of centenarians does not seem to help us much on the way, for it only brings into strong relief the fact that longevity depends on inherited qualities rather than on any particular habits or modes of life. An explanation of these records show that man may attain an age far beyond the usual span under conditions which are the reverse of healthful, this faculty of persistence being evidently one of the characteristics of the individual temperament.

Since longevity is an inherited and not an acquired faculty, the great object of those who aspire to exceed the allotted span must be to eliminate the influence of disease, and particularly disease of a contagious kind. The giving way of a particular organ, which is usually the precursor of the end, may, it is true, be an accident of environment and circumstances just as much as a violent death by mechanical means; but, under ordinary conditions, the break-down indicates a weak spot in the organism which determines the retrogression of the whole.

To be long-lived a man must be constructed more or less on the principle of the one-horse-shay, though this can of course only be relative, since a perfect equilibrium is as impossible to conceive as is the infinite. Unfortunately the specialization of labor and of thought, which is the most salient fea-

ture of advanced civilization, is hardly conducive to this equilibrium, which is so necessary to longevity. Specialization means an undue strain on particular organs and tissues, and, although the well-ordered, sober individual can do much to counteract the tendency, he is not usually able to protect himself altogether against the pressure of circumstances unless he either possesses more than the usual allowance of vital energy, or has inherited peculiar powers of resistance in the direction in which the pressure is most brought to bear.

Human energy, however, need not be discouraged if the prospect of an artificial addition to the duration of life is still as distant as it ever was, since we are far from making the most of the provision of vital force that is at present available. When one reflects upon the enormous proportion of premature old age and death due to causes of the nature of avoidable accidents and the waste which this involves, it is obvious that there is ample scope for investigation and research without losing oneself in the region of transcendental physiology.

When human beings have been enabled to live themselves out in the physiological sense of the term, then the desirability of discovering some means of a further addition may be brought forward again, though it is by no means sure of being resolved in the affirmative.

—*Med. Press and Circular.*

HOW DIPHTHERIA IS SPREAD BY CORPSES.

In March, 1890, two corpses, woman and child of same family, dead of throat disease, certified by the attending physician to be not "dangerous to the public health," were conveyed from Montmorency county to Lapeer county, Mich., where just one week from the day the coffins were opened and the remains viewed a person who was thus exposed came down with diphtheria. Many others would probably have been exposed except for the action of the local health officer, Dr. C. A. Wisner, who, suspecting that the cause of the deaths was diphtheria, warned the

neighbors and forbade the opening of the coffins at the funeral. He promptly isolated the first case that occurred, and no epidemic resulted. This is quite different from the result of a similar occurrence at Zanesville, O., last spring, where many deaths resulted from exposure to a corpse brought from Chicago. It shows the importance of notice to the local health officer of the arrival of every corpse, so that he may take every precaution which may be necessary.

SPECIAL NOTICE.

J. B. LIPPINCOTT COMPANY announce in press an important work on "Regional Anatomy in its Relation to Medicine and Surgery," by George McClellan, M.D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy, Professor of Anatomy at the Pennsylvania Academy of the Fine Arts; Member of the Association of American Anatomists, Academy of Natural Sciences, Academy of Surgery, College of Physicians, etc., of Pennsylvania. With about one hundred full-page fac-simile illustrations reproduced from photographs taken by the author of his own dissections, expressly designed and prepared for this work, and colored by him after nature. To be complete in two volumes of 250 pages each. Large quarto.

The object of the work is to convey a practical knowledge of regional anatomy of the entire body—the text to embrace, besides a clear description of the part in systematic order, the most recent and reliable information regarding anatomy in its medical and surgical relations. The illustrations are intended to verify the text and to bring before the reader the parts under consideration in as realistic a manner as possible. Volume I. will be ready for publication about December 1, and the second volume is expected to appear shortly thereafter. The work will be sold by subscription only, and salesmen will begin an active canvass the coming October.

June 5, 1890.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
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OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists,

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

Bibliography.

CYCLOPEDIA OF THE DISEASES OF CHILDREN: Medical and Surgical.

Edited by JOHN H. KEATING, M.D. Vol. III. Illustrated. Philadelphia: J. B. Lippincott Co., 1890.

This third volume of Keating's Encyclopedia is in all respects a fitting and worthy companion of its two predecessors. Taking up the diseases of the digestive system, the first paper, or article, being by Prof. Pepper, on Functional Disorders of the Stomach, followed in sequence by Dr. H. A. Hare, on Diseases of the Stomach. We much regret not having space to notice these separate articles at length. The title and author will indicate to the reader the comprehensive character and quality of material that Dr. Keating has gathered from our best professional minds and systematically put together for the convenience of all practicing physicians in the following order:

Diarrhœal Diseases, by Dr. L. E. Holt; Membranous Enteritis, by Dr. Wm. A. Edwards; Intestinal Bacteria of Children, by Wm. D. Booker; Acute and Chronic Constipation, by Chas. W. Earle; Tabes Mesenterica, by A. Jacobi; Parasites of the Intestinal Canal, by W. T. Councilman; Hernia in Children, by Wm. J. Taylor, and Intestinal Obstruction in Children, by W. W. Keen; Peritonitis, by Henry Ashby; Perityphlitis, by C. Fenger, and Colotomy, by John H. Packard; Diseases of the Pancreas, by N. Senn; Functional Disorders of the Liver, by H. D. Chapin; Enlargement of the Liver, by J. H. Musser, and Contractions of the Liver, by M. P. Hatfield; Anomalies of the Kidney, by G. B. Fowler; Albuminuria in Children, by J. Tyson; Acute and Chronic Bright's Disease, by J. T. Goodhart; Surgical Diseases of the Kidney, by H. Morris; Enuresis, by A. Jacobi; Calculi, by W. Hunt; Diseases of the Bladder, by A. Vanderveer; Diseases of the Testes and Penis, by T. R. Sturgis and of the Vulva, Vagina and Uterus, by J. M. Keating; Diseases of the Ovaries and Tubes, by H. A. Kelly; Ab-

normalities of the Female Genital Organs and Mammary Glands, by Clara Marshall. Diseases of the Blood, by J. P. C. Griffith; Minor Surgery and Emergencies in Children, by C. W. Dulles; Plastic Surgery, by Thos. G. Morton; Wounds, by J. McCann; Anesthetics, by O. H. Allis; Congenital Abnormalities of the Extremities, by T. R. Neilson; Dislocations, by S. Ketch; Club-foot and Torticollis, by E. H. Bradford; Inflammation of Bone, by W. McEwen; Curvature of the Spine, by V. P. Gibner; Pott's Disease, by A. S. Roberts; Fractures and Dislocations, by J. H. Packard; Synovitis, by A. J. Steele; Ankylosis, by R. A. Kinloch; Deformities of Bone, by A. G. Gerster; Infantile Paralysis, by E. G. Brackett, and Amputations, by W. B. Hopkins.

This elaborate list of contributors and their subjects fully illustrates the very great value of this encyclopedia as a work of reference that will at least for a time make any physician's library incomplete without it. The illustrations and text are all that could be desired in such a work.

ELECTRICITY IN THE DISEASES OF WOMEN: With Special Reference to the Application of Strong Currents.

By G. BETTON MASSEY, M.D. Second edition, revised and enlarged. F. A. Davis, Philadelphia, 1890. Price \$1.50.

The exhaustion of an entire edition of this work in one year indicates the great interest felt in the subject treated, and the professional standing of the author.

In the preparation of this second edition, the author has revised his work and incorporated some new contributions to electro-therapeutics in gynecology, to the extent of adding entirely new chapters.

A NATURAL METHOD OF PHYSICAL TRAINING.

By EDWIN CHECKLEY. William C. Bryant & Co., Brooklyn, N. Y., 1890.

It seems as if never before was such practical attention given to physical training in all schools and colleges as at present. The most practical evidence

that can be given of this is seen in the competition in athletic games between students in rival colleges. Other boys and young men are so influenced by the result of these games, as to be induced to enter the college that has the most successful record in its athletic score, so that for a series of years the majority of college entries have been in the one having the best of its rivals in the field and boat contests.

There is a reason for this, as shown perhaps, unconsciously, in the belief that successful physical contests furnish good evidence of discipline, and an *esprit de corps* that is certainly very laudable. There can be no question of the desirability of an education of the body, as well as of the mind, and that this may be best brought about, teachers and text books are necessary.

This little book answers the latter demand, and offers an outline of a plan of conduct for bodily development, that commends itself for its simplicity, and that it is not dependent on a complete gymnasium in order to carry out the author's excellent instruction.

DISEASES OF THE EYE.

By HENRY D. NOYES, M.D.

The latest and most valuable addition to ophthalmic literature has been contributed by Dr. Henry D. Noyes, of New York. His name alone to a treatise on diseases of the eye would be a guarantee of its sterling worth, as we have already had a smaller work published by him in 1881. This massive work of over seven hundred pages is an outgrowth of the one just mentioned. It is illustrated by six chromo-lithographic plates; five plates in black and 236 wood engravings.

While some of these illustrations have been seen before, most of them are original. The clear and concise style in which it is written commends itself to every one interested. It commends itself especially to students, as the entire field of ophthalmology has been gone over so carefully and systematically, that a view of the status of the specialty, as it now exists, is seen at once. It is interspersed here and there with

personal observations, reports of typical cases illustrating some point in question, and wood cuts copied from photographs taken from life.

As we have depended so much for standard works on ophthalmology on our German and French confrères, we are proud to have such a work as Dr. Noyes.—*Written by an American.*

ORTHOPEDIC SURGERY.

By EDWARD H. BRADFORD, M.D., and ROBERT W. LOVETT, M.D. Illustrated with seven hundred and eighty-nine wood engravings. New York: William Wood & Co., 1890.

The authors of this work are connected with the hospitals of Boston, where they have had ample opportunities to study and treat all manner of deformities, such as club foot, spinal and other curvatures, as well as methods used for the prevention of disease that leads to deformities, including paralyses that lead to deformity.

More than two hundred pages are devoted to the various spinal diseases, giving in detail the pathological anatomy, occurrence and etiology, symptoms and diagnosis,—including differential diagnosis,—prognosis and treatment.

Under what may properly be termed prophylaxis of spinal curvature, the authors direct attention to the improper attitudes assumed by children at school desks and while engaged in piano practice, and the permanent harm that not infrequently follows from the assuming of such faulty positions.

Joint diseases are treated of at length, while every possible appliance seems to be carefully illustrated. The authors are in all cases very careful in giving due credit to those who have in any way contributed, either in literature or originality of appliances, for the relief of this class of unfortunates.

Congenital dislocations, their diagnosis, care and treatment, receive attention in an entire chapter, while congenital deformities of the fingers and toes, hands and feet are given another chapter.

Infantile spinal paralysis has a chapter devoted to its treatment and pathology. Rickets, knock-knee and torticollis each have attention in a chapter.

The work is one that we cannot

commend too highly for the use of the general practitioner. While there is perhaps not much in it that is new or strange to the special orthopedic surgeon, there is an entire book that is full to overflowing with practical hints and information that is useful in every-day, general practice.

CLINICAL DIAGNOSIS: The Bacteriological, Chemical and Microscopical Evidence of Disease.

By DR. RUDOLPH V. JAKSCH. Translated from the second German edition by JAMES CAGNEY, M.D., with an appendix by WILLIAM STIRLING, M.D. Illustrated. London and Philadelphia: J. B. Lippincott Co., 1890. For sale by Robert Clark & Co. Price \$6.50.

This superb work has been in the German and is to the Germans about such a book as that of DaCosta in the English to Americans. It seems to us higher praise cannot be given. Prof. Jaksch enters into the most minute detail in his examinations, and one feels, when he is through, there is nothing further to do, that could, by any possibility, add to the value of the diagnosis he has made.

This volume is a treatise unexcelled, and should have a place in every physician's library, with a storing of its contents in his own cranium.

TRANSACTIONS OF THE AMERICAN ORTHOPEDIC ASSOCIATION. Third session, held at Boston, September 17, 18, and 19. Vol. II, 1889.

This is an exceedingly creditable volume—creditable to the Association in its papers and their discussions. Among others we are pleased to note one by Dr. George W. Ryan, of this city, on "Spondylitis, and when its Treatment may be Dispensed with." Dr. Ryan is Secretary of the Association, and takes a prominent part in all its interests, as he does in all that pertains to orthopedics. We regret that very many of the most valued papers read in our specialty associations so rarely reach the attention of the rank and file of our profession. Practically, their lights are largely hid under a bushel.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

THE COMPLICATIONS OF GOUT.—Marshall D. was a nobleman much given to pleasures, a man of the world, a high liver, and hence gouty. He was an old bachelor, but still endeavored to maintain the habits of youth. I called to see him one morning, much earlier than usual, as he had been complaining bitterly the day before of pains in his feet. I entered his room without being announced, and familiarly rested myself at the curtained bedside. I noticed the curtains were tightly drawn, and commenced to chat with him on his malady. The Duke appeared to be embarrassed a little, and I suspected he was not alone, when I perceived under the edge of the bed a dainty pair of woman's slippers, and I remarked: "Your Highness, I perceive with pleasure, is not in a very dangerous condition." The Duke smiled and observed: "No, not dangerous, doctor, but prodigiously tormented in my feet." I stooped and picked up one of the slippers saying: "Good Lord! I am not surprised at that, for the shoes you wear are much too narrow for your instep." He smiled grimly, and looking at the slipper, laughingly replied: "You are right. I must procure another pair."—[*Memoirs of Doctor Willinsky.*]

MEDICAL PRACTICE IN FRANCE.—I was one day called by Jean de Marfout, an honest vintner, to visit his daughter who was in labor. I remained with her all day, and late at night a boy baby was born. "Ah, it's a beautiful baby," cried the delighted grandfather, "Doctor, you shall stand for the godfather at the baptism tomorrow; but it is late, so go to the priest's house and stay all night. There you will find a good supper and warm

bed awaiting your arrival." We were soon at the priest's house. He was a jolly fellow, still young and handsome. "I have only one bed," said he, "it is a good one and you shall share it with me. Now let's to supper." We had a feast with wine fit for an Archbishop, and ragouts that would have made a Cardinal's mouth water. We had a very handsome wench named Manon to wait on the table. For an hour after supper we smoked and clinked friendly glasses, giving thanks to God for his goodness and the bountiful repast. Finally, the priest said: "It is eleven o'clock, quite time to retire," and so to bed we went, sleeping back to back beneath the feather quilt. At five o'clock in the morning, just when Aurora's rosy fingers tipped the East, the good priest awoke with a start and giving me a sudden kick exclaimed: "Get up, Manon, my dear, 'tis time to milk the cows!"—[*Les Contes Remois,* of Count de Cherigue.]

A CONSCIENTIOUS PHYSICIAN.—Cecchino, physician to Arezzo, was one day called to the bedside of a beautiful young lady who had sprained her knee while dancing. It was necessary to expose the long white thigh and strengthen the limb, and he did his task so well that *erecta est mentula majorem in modum*. He arose from his task sighing, and the lady asked him what she owed him for his surgical skill. "Nothing," responded he. "I simply straightened one of your limbs and you rendered me a similar service."—Pogge, "*Les Faceties.*"

THE RECOMPENSE OF RETALIATION.—One day Hahnemann, the patron saint of homeopathy, received a visit from a sick English Lord. Hahnemann, without even examining the patient or hearing any explanation, pulled out a small vial and passed it under the astonished Englishman's nose. "Inhale that," said he, "and you will be cured." The Englishman rose and said stiffly: "How much do I owe you, sir?" and Hahnemann responded: "One thousand francs, sir." The Briton calmly drew a note from his purse, and passing it

under the doctor's nose, said: "There, inhale that. Now you are paid," and walked out in unruffled dignity, leaving the great imposter to his own meditations.

* * *

THE DOZEN DOCTORS.

THE SENTENTIOUS.

Dear patient, the gouty must live like the sages,
A man's bound to suffer who dwells in repose.

Take a cottage, be sober and live on your wages,

Work a plow in the field, gout will fly from your toes.

THE HEEDLESS.

Ah! madam, rest easy, far better's your child,
The baby has passed a most comfortable night.

The mother is weeping, distracted and wild;
Death has taken the infant—the doctor takes flight.

THE RASH.

Extremes are his remedies, a bold, daring man,
Handling iron and fire without the least fear,
Of all new inventions the great partisan,
Always promising Life, when only Death's near.

TARTUFFE.

Practicing little of art, breathing many a prayer,
He opens for clients a blest Paradise;
When the defunct is rich he for fees has a care,
If the dead one be poor he wasteth no sighs.

THE POSITIVE.

Never knowing the body, he snuffs out Life's flame;

His reasoning is doubtful, uncertain his art;
All disease he is apt on one organ to blame;
He's never a doctor, but a brazen upstart.

THE CREDULOUS.

At all times, in all places, matter and mind
Are the most zealous servitors of this strange man;

In Moliere's works much to scoff he doth find;
He kills off his clients on some time-honored plan.

THE GENTLEMANLY.

"I know," he says softly, "an infallible cure,
A remedy healing by first intention,
The action of which is quick, painless and sure—

'Tis the powder of Hope that I mention."

THE LADIES' PET.

He understands women, that's what they desire;

A maiden's confession makes him feign surprise;

He must be soft spoken, concealing Love's fire,
And to feminine questioning give quick replies.

CUPIDITY.

Sagacious observer, calm, prudent, austere,
But musively dreaming, in visions, of gold;
For all human miseries shedding no tear,
But, seeing his art is at high prices sold.

THE BOASTER.

Loud-voiced and vainglorious, singing his song,

Inviting all classes to call at his place;
Turning his art to trade as he driveth along—

A Professor, to medicine's shame and disgrace.

THE BRUTAL.

To mask his own failing he's full of disdain,
'Though he boldly affecteth great medical skill,

Swearing like a rough trooper when he has to explain;

His excuse, the fool clients he's called on to kill.

THE JOVIAL.

Ah! all joyous my medical mirror reflects
The jovial doctor, the man full of charms,
The sunshiny fellow that the world all respects;
When ill we are happy to die in his arms.

—[*Dr. Brame.*]

* * *

POST PRANDIAL REFLECTIONS. —

Tissot remarks: "What we leave on the dinner table is often much more than what we have taken. The meal we have had should not destroy an appetite for the meal that is to come. Two classes of men exist in this world who are in habitual antagonism; the *professional cooks* and the *doctors*: the former induce every variety of disease among clubmen, which the latter find it difficult to cure." It was our own Benjamin Franklin who said: "Refined cookery takes one to the apothecaries." The school of Salerno ever recommended three physicians: *i. e.*, Drs. Gayety, Exercise and Abstinence, while the celebrated Dumoulin extolled Drs. Diet and Purewater. An Arab aphorism is that "temperance has for its root contentment with a little exercise and for its fruit good health and mental calmness." We see that Diogenes in remote times noted, "That a body crammed with food was like a granary overflowing with cereals: diseases multiplied in one and rats in the other;" and Galen used the expression: "The appetite is the best of cooks; there is no better sauce than appetite; a good appetite never finds the table bread too hard," The immor-

tal Shakspeare declared that "fat paunches have lean pates." In an interesting work on "Memories of the Stomach," we read that "a good appetite makes any meal good, and cooked meats are not always a feast." There is a history of the little Savoyard, who praised his family dinners universally, saying: "We always have five kinds of meat at table: *i. e.*, pig, pork, ham, bacon and and spare ribs." It was Charron who claimed that "No man ever wrote a beautiful work who loved his throat and belly" and added:

*La digestion est meilleure,
Lorsque l'on conteste un quart d'heure
Un moment après le repas.*

THE DEATH OF SCARRON.—Scarron was one day surprized by an attack of hiccough, so violent in its nature, that those around him feared he would expire immediately; however, the symptom diminished in severity and he remarked: "If I recover from this, I shall write a satire on hiccough." Although he recovered from this indis-

position he never lived to keep his resolution. Some minutes before his death, as his relatives and friends stood around his bedside weeping, he looked up smilingly, and said: "Don't cry for me; yet, I shall never make you weep as much as I have made you laugh.— [Scaroninia.

AN AUTOPSY DESIRED.—A woman in Paris was accused of poisoning her husband. The latter recovered from the effects of his presumed illness, and appeared as a witness in court against his wife. "What have you to say in your own defense?" demanded the judge of the defendant. "I am innocent!" exclaimed the wife, "and insist that an autopsy be made on my husband in this case."

THE ACME OF EMACIATION.—A physician who always attended Sarah Bernhardt said that when a girl she was so thin that when he gave her a pill she had the appearance of being pregnant.

[TO BE CONTINUED.]

Champagne ANALYZED

Of Interest to all Medical Practitioners.

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MEDICINE AND SURGERY.

New Series Vol. XXIV.

CINCINNATI, June 21, 1890.

Whole Volume LXIII.

Original Articles.

THE SURGERY OF THE KNEE JOINT.

A Paper read before the Ohio State Medical Society, June 4, 1890,

BY

N. P. DANDRIDGE, M.D.,
CINCINNATI.

The three cases which I desire to bring to the notice of the society, were all met with while on service in the Episcopal Hospital for Children in Cincinnati. They all represent various phases of chronic joint disease, and will thus afford an opportunity for discussing some of the general questions of interest involved in these affections, and of presenting the present aspect of operative interference in the disease of the knee joint.

The two histories first to be reported briefly detail the course of the disease before and after excision. The third was a case of erosion or arthrectomy. They were all cases of tubercular disease, and illustrate the varying conditions under which operative interference is undertaken. In the first, the disease was in an early stage. There was some effusion into the joint cavity, with flexion and partial backward dislocation, but no external sinus. In the second case of excision, bony ankylosis had taken place with the leg flexed at a right angle, and somewhat rotated, and in addition, there still remained two open sinuses communicating with diseased bone. The third case represents an advanced case of disease of the knee joint, with extensive, though not complete destruction of the articular surfaces and structures, with numerous

external discharging sinuses. This case was submitted to erosion, the immediate effect of which was apparently satisfactory; an increase of the swelling and infiltration of the tissues about the joint developed later, but, was controlled by the pressure of an elastic bandage, and the condition of the case now promises a successful result.

CASE I.

Excision of the Knee Joint for Tubercular Disease without External Sinus.

William Abath, age ten; German parents; entered Childrens' Hospital, August 31, 1888. The only history obtainable, was that for some years past he had been suffering from pain in his knee, which had become swollen. The knee was flexed and the ham-string muscles contracted. Tenotomy was performed soon after his admission to the hospital and flexion corrected as far as possible, by Dr. Caldwell, and a plaster-of-Paris splint applied. After several months' confinement in bed, the patient was allowed to get up and move about on crutches.

February 16, 1889, complaining of a pain in the knee, the plaster was removed and the following condition found: The knee was flexed, and there was partial backward dislocation and outward rotation of the leg. There was no movement in the joint, which was somewhat swollen, and the muscles of the leg and thigh atrophied.

February 24, chloroform was given, and assisted by Dr. Mussey, excision of the knee joint performed. The cavity was found partly filled with granulation tissue, and the cartilages over the articular surface of tibia and condyles were partly destroyed. The underlying caries was not very deep and was fully

removed by taking off a slice of bone. The operation was made by a transverse section below the patella, and this bone was removed entirely. The contraction of the tissues behind the joint was so great that full extension of the limb could only be obtained by the removal of a large portion of the condyle. The cut surfaces of the bone were accurately coapted, but were not wired together. The deeper periarticular tissues were then united by buried cat-gut sutures after provision for free drainage was secured by a rubber drainage tube, and the section of the skin was closed by silk. The joint was covered by a dressing of bichloride gauze and absorbent cotton, and the leg was placed on a posterior splint, which extended from high up on the thigh and terminated in a foot piece made of a loop of strong wire. The leg was secured to this splint by a plaster bandage, leaving the knee uncovered, so that the antiseptic dressing could be examined and renewed as often as necessary.

The progress of the case was satisfactory. There was slight fever for some days, and once the temperature rose as high as 103° . The temperature seemed mainly to be determined by the nervous condition of the patient, and would at times vary irregularly during the day. The boy was nervous and always apprehensive of pain when the dressings were changed, which was always done without taking the limb from the splint. The amount of discharge was very small, and the greater part of the wound healed by first intention. To determine how far the rising temperature was due to subjective conditions, and not septic, I had the temperature taken just before and just after a change of dressing for some days, and found invariably a rise of from two-tenths to two degrees. The elevation was always temporary, and it would invariably fall in a few hours. I shall have occasion to revert to this subject later on.

The leg was allowed to remain on the splint for about three months. The boy left the hospital and I did not see him until January, when I found his

condition as follows: There was firm bony ankylosis, the leg was in a position of slight flexion, and there was a small superficial sinus over the anterior part of the joint. The rest of the cicatrix was firm, and for some months past the boy had been walking on the leg, entirely free from pain. I did not determine the cause of the existing sinus, which may be due to a limited disease of the bone, or possibly to a buried suture which has not been absorbed.

Since then I have not seen the boy, but learn that the sinus still exists, and that he continues to walk on the leg without pain or inconvenience.

CASE II.

Excision of Knee Joint for Ankylosis and Long-Standing Caries.

Sadie S., age fourteen; of American parents. This patient I found in the hospital when I came on duty in September last. Mother dead, cause unknown; father rheumatic; five of her mother's brothers and sisters have died of consumption. Nine years ago she ran a nail into the upper and outer side of her thigh. The wound healed rapidly. Some months later it was thought she had rheumatism, and the leg "drew up." The knee was swollen, and finally an opening occurred and discharged pus. After this she was seen by several surgeons, one of whom scraped the sinus, and subsequently small pieces of bone escaped from the opening. She then fell into the hands of a regular practitioner and for two years remained in a private institution, the leg being rubbed and manipulated and the sinus daily syringed out. At one time a high shoe was applied to the flexed leg to compensate for the shortening and enable her to walk upon it.

When she entered the hospital, the leg was flexed at a right angle, rotated outwardly, and completely ankylosed. On the anterior and outer aspect of the knee there was an opening through which a probe could be passed directly into the joint, and came in contact with uncovered bone. Three inches above, on the outer side, another opening led by a sinus down to the under surface of the femur. The inner condyle was

unusually prominent, and the entire epiphysis of the femur seemed to have been displaced inward and forward. There was no pain, and the child's general condition was good, and she was able to move about upon her crutches.

November 1, 1889, chloroform was given and the knee excised. An incision was carried from the opening in front across the joint. Firm bony ankylosis was found between the inner condyle and the tibia. The outer condyle was largely destroyed and the under surface of the femur carious. The tibia was first sawed through and then a wedge-shaped section of the femur made, so as to make the cut surfaces of the two bones fully coapt when the limb was in full extension. The patella was found united to the femur by a firm bony ankylosis, and was cut in two by the saw and the adherent part left in place. It was now found necessary to extensively curette the cut surface of the outer condyle and the under surface of the femur in order to remove all of the carious bone. The sinus leading to the opening on the outer side of the thigh, above mentioned, was carefully scraped. This sinus, I am now satisfied, should have been laid open down to the joint, so that we could have had all of the diseased surface under inspection and thus have been sure of complete removal. As healing immediately took place through the entire wound, bony ankylosis was readily secured, but a fistulous opening persisted at the site of the above sinus. The drainage-tubes were introduced and the leg covered with a voluminous antiseptic dressing and placed on a posterior splint and secured by a plaster-of-Paris dressing, as in the former case. The dressings were undisturbed until the fifth day, when they were removed and the drainage-tubes taken out. There was now no sign of pus. The temperature once rose to 102.8° at night, but fell without any interference the next morning; one stitch-abscess developed later. All the incision healed by first intention, except at the inner angle, where a limited granulation area existed for several months.

The child remained in bed for two months and then was allowed to get up. There was then a firm bony union and complete repair of the incision, except as above stated. She now goes about wearing a high shoe on the sound leg and using crutches, so that she cannot touch the foot of the operated limb to the ground.

A few weeks ago the persisting sinus was again scraped, and some softened bone of the external condyle of the tibia removed by the curette. Owing to the extensive destruction of the outer part of the articular surface of both tibia and femur, the support from bony union is principally between the inner condyle and tibia, and the leg is not in perfect line with the thigh, there being a slight angle, the concavity of which looks outward, and slight flexion.

I shall not allow this patient to bear her weight on the leg in walking for some months, although she can now stand perfectly well without support.

CASE III.

Erosion or Arthrectomy of the Knee Joint for Advanced Tubercular Disease with Numerous Sinuses.

Paul P., age eleven years; German; father and mother alive and healthy; two brothers alive and well; one brother died of hip-joint disease. Entered the hospital June 17, 1889. About two years ago he was struck by a brick on the upper and outer side of the thigh, and in a few days an abscess formed and was opened. In February last an abscess again formed at the site of the former one, and after some days' poulticing it again broke, and has been open ever since. In January his knee began to pain him, mostly at night, for which a rubber bandage was applied and medicine given internally. August 28, an abscess above the knee was opened by Dr. Caldwell and a drainage-tube inserted, and the leg put in a plaster splint with the knee joint exposed.

I found the boy in the ward when I resumed my service, and later, as the case was not making satisfactory progress, I determined to thor-

oughly curette the joint. The operation was done October 24th. At this time the knee joint was greatly swollen, the tissues about it greatly infiltrated, and from four different openings granulations sprouted and some slight discharge came. The largest of these was situated several inches above the joint, on the anterior and outer side. There was one above on the inner and posterior aspect, one above the patella, and one below the joint. All of these openings lead more or less directly into the joint cavity. An incision was carried down the outer side and across the joint so as to connect two of the largest openings, and the joint cavity was laid freely open and found partly filled up with granulation tissue. The synovial membrane seemed everywhere diseased and the ligaments of the joint were extensively destroyed. Most of the cartilage over the condyle and tibia was unaffected. All of this granulation tissue was thoroughly and carefully removed by the curette and scissors, and all carious bone gouged out. The patella was entirely removed except the outer lamella. All the sinuses were most carefully scraped out, and the incision was then closed after securing provision for free drainage from four different tubes. The limb was placed on the posterior splint as in the other cases. The temperature only once reached 101° , and there was an entire absence of pain. At first the dressings were changed every few days, but later were allowed to remain on for ten or twelve days at a time.

At first the result seemed satisfactory, but by the end of three months granulation tissue again sprouted from the unhealed sinuses and the swelling of the periarticular tissue was as great as before the operation. Firm pressure was now applied by means of a Martin bandage and was continued for some weeks.

Under this treatment the condition of the case was soon changed for the better and there now remains but a single opening, through which a very slight discharge escapes. There is slight motion, the joint is free from pain, and the leg is at full extension and is equal

to its fellow of the opposite side. There is now every reason to expect that the result, which before the operation and at one time after it, seemed most unpromising, will be the most satisfactory of the three, and a sound limb without shortening be obtained. Indeed, so unpromising at one time was the case, that I reported it to our local society as a failure after erasion and announced my intention of performing an excision at an early day. This opinion I have now modified.

I have presented these cases as the surgery of the knee joint is just now attracting very general interest, and fast accumulating experience points with increasing certainty to the fact that under proper conditions operative interference will secure a large amount of success in these most distressing and formerly most fatal cases. The cases will also enable us to discuss some of the points of general interest connected with the questions involved in joint disease of children.

The view that the chronic disease of joints, especially in children, is practically always to be considered a tubercular process, is fast gaining general acceptance; and the presence of the bacillus tuberculosis in the granulation tissue, which constitutes the characteristic morbid process in these cases, has been repeatedly demonstrated by numerous observers. My own observation fully confirms this view. In this investigation I have had the co-operation of Drs. Freeman and Oliver, who did the microscopic work in the pathological laboratory of the Cincinnati Hospital. In every case submitted to them they found the bacillus in greater or less quantity; in some, however, in such limited numbers that only after a prolonged search could their presence be verified. The specimens examined consisted in the discharges from sinuses, or the granulation tissue removed by the curette from fistulous openings communicating with joint cavities, or from carious bone.

The cases were nearly all from the Childrens' Hospital, and presented examples of hip joint disease, psoas ab-

cess, caries of the tarsus, and disease of the knee joint. In all except one suppuration had already taken place, and there was an open sinus at the time the examination was made. In the first case of excision reported there was no opening, but here, as in the other cases, the granulation tissue taken from the joint cavity contained bacilli. The demonstration of this fact in connection with the ætiology of joint disease, has been of decided importance from a practical point of view. For while there is ample evidence to show that a tubercular process may remain local and ultimately subside or terminate in recovery, even after great destruction of tissue, we know that the process is long, slow and uncertain, during the course of which the patient is exposed at any time to a generalization of the disease, and to the concomitant danger of septicæmia and amyloid degeneration from the continued suppuration. Furthermore, we now know the value and necessity of thorough and complete operation, for tubercular tissue remaining behind is apt to be followed by reinfection, and thus develop a reproduction of the process.

A local tubercular process, therefore, so far as the question of operation is concerned, occupies much the same condition as malignant disease, and safety from reproduction can only be secured by complete removal, though it must be admitted that partial removal is more likely to be followed by beneficial results in the former than in the latter.

While fully admitting the importance of the bacillus tuberculosis as an ætiological factor in the production of these diseases, in studying the history of children with joint affection, the frequency with which cases of consumption and other joint diseases are found in the immediate family must be noted, and would seem to lend strength to the view that in addition to the specific bacillus a favorable condition must be necessary for the tubercular process.

In passing, I may allude to the different significance of a high temperature as a symptom in children and adults in surgical cases. In the latter, fever much more frequently indicates some

local or septic process connected with the wound, so that a rise in temperature generally demands immediate change of dressing, that local inspection may be made. In children, heat production seems much more largely under the influence of the nervous system, and sudden and unexpected elevations of temperature are of frequent occurrence. A slight disturbance of the digestive system, emotional causes, and especially pain, will very often produce a temporary rise in temperature which is unaccompanied by the symptoms of depression found in the adult under like conditions.

In the surgery of childhood, I am satisfied that a sudden rise in temperature may practically in many cases be ignored. In this connection I would recall the fact mentioned in my first case, namely, the rise in temperature which always follows the dressing of a wound. The boy was a nervous, fidgety child, and was always disturbed at the prospect of the dressings being changed. The observations were taken day after day, and the record shows a difference of the temperature before and after, ranging from 2-10 to over 2 degrees. The dressings were made in the latter part of the morning and the increase soon subsided, so that it did not affect the evening temperature. The observation is an interesting one, and not devoid of value.

The treatment of tubercular disease of the knee joint may be considered under three different methods. First, the non-operative, with correction of deformity and immobilization. Second, excision, with formal removal of the articular ends of the bone, healthy and diseased structures being alike removed with the expectation of repair with bony ankylosis. Third, erosion or arthrectomy, by which diseased structure whether of bone, cartilage, synovial membrane or the peri-articular structures are alone removed, all unaffected tissue being allowed to remain.

The first method is the one which should be always tried in the earlier stage, and in a certain proportion of cases will succeed. Immobilization can be secured by the Thomas splint or by

the use of plaster-of-Paris, while the patient, by the aid of a high shoe on the sound leg, and crutches, can secure the benefit of active out-door exercise without damage to the affected knee by bearing the weight of the body upon it. The result of this conservative method is largely dependent upon the social condition of the child, and when treatment can be maintained for a sufficient length of time under favorable conditions and advantageous surroundings, the disease can be generally controlled and a favorable termination secured.

In many, if not the majority of cases, the conditions are not favorable and the non-operative method will not succeed. The case goes on to suppuration and displacement, and we have to resort to excision or erosion, the only alternative being amputation.

The more I see of these cases the more I am inclined to decide on early operation, after a fair trial of immobilization; and the question now to determine is, whether we shall decide on excision, or the newer method of erosion.

The claims of the latter have been well set forth in a recent article in the *Annals of Surgery*, December, 1889, by G. A. Wright and Joseph Collier, which may be accepted as a full presentation of the advantages of this method by those who favor the procedure. According to these authors, the operation was first performed by Wright, in the Childrens' Hospital, Pendlebury, January, 1881. It was independently brought forward by Volkman, in a paper in the *Central-blatt f. Chirurgie*, 1885, and the advocacy of this latter surgeon seems to have been the means of attracting the general attention of the profession. The operation may be performed by an incision opening the joint below the patella, or by one which divides this bone horizontally or longitudinally; the joint cavity must be fully exposed, so as to render all parts accessible, and all of the pulpy material and synovial membrane is removed from the neighborhood of the patella and its ligament. Next, the condyles of the femur, crucial ligaments and the upper end of the tibia, are care-

fully cleaned, every particle of diseased tissue being carefully cut or scraped away. Next, by flexion and rotation of the loosened joint, all the diseased synovial membrane and capsule at the back of each condyle and in the inter-articular notch, as well as behind and between the crucial ligament, is completely removed. The crucial ligaments are to be sacrificed if necessary, and the "semi-lunar cartilages and the synovial membrane at the back of the joint" are to be removed. The cavity is then cleansed by irrigation, drainage secured, and the limb covered by a voluminous dressing and secured to an appropriate splint. Drainage may, however, be dispensed with, and the dressing secured before the Esmarch bandage is removed. The advantages claimed are these: No arrest of development of the bone, and therefore no shortening; no deformity, and in many cases a large range of motion—results which are largely superior to those obtained by excision, if further experience proves the claim to be well founded. The method, it is claimed, can be employed irrespective of the age of the patient. This method seems to be especially applicable to those cases in which the disease is largely, if not wholly synovial, and in which there are no extensive infiltration or sinuses and no ankylosis. The causes of failure are stated to be: first, incomplete removal of disease; second, failure to maintain asepsis; third, inability of the patient to repair the wound left by the operation. It is further stated that it is essential to keep some rigid apparatus on for two or three or four years after the operation, or deformity will occur. The paper reports briefly thirty-seven cases.

A careful examination of these histories fails to sustain the exaggerated claims made for the operation. In much the greater proportion of the cases the joint was stiff, with a strong tendency to flexion; and in eight amputations subsequently became necessary.

The operation of erosion has certainly gained a wide support, and is now most generally practiced throughout Germany. There are, however, already

indications that the new procedure is looked upon in many quarters with misgiving. In support of this I may mention Jacobson, in his "Operative Surgery," and William Thompson, in a recent article in the *British Medical Journal*, December 7, 1889, both of whom give a decided preference to excision.

In the cases which I have related, in two only can the question of operation be raised. In the second, bony ankylosis was present and excision with the removal of a wedged-shape section was essential for the correction of the deformity. In the case submitted to erosion, destruction of the joint was far advanced and yet, while the operation did not at once fully control the tubercular process, the result now promises to be an excellent one, better, indeed, than either excision, so far as position and length of limb is concerned. The first case might very properly have been submitted to erosion, and at another time with similar conditions present I should choose this operation in preference to excision.

The introduction of erosion has emphasized the importance of thorough removal of all pulpy tubercular tissue, and free removal of diseased synovial membrane and capsule now constitutes as important a part of excision as formal removal of the articular portion of the bone.

The advantage of the limited motion which often remains after erosion is, to my mind, a very questionable advantage, and a firmly ankylosed knee joint is, I believe, much more desirable than one with limited mobility. I can recall one case at least, in which I tried for months to secure perfect rigidity, where limited movement was left after a synovitis. The later history of the reported cases of arthrectomy show that a persistent tendency to flexion exists as long as "two, three or four years," and the number of complete successes in obtaining satisfactory motion is very limited.

How far the growth of the bone in length is affected in the choice of operation has yet to be fully determined. It would certainly seem more likely that the line of the epiphysis would be en-

croached upon by excision rather than by erosion. Furthermore, it would seem that erosion can be practiced with better prospect of success in early life than excision. Excision should not, according to Ashurst, be practiced earlier than five years of age; while age seems to make little difference in the results of erosion, cases as young as two years of age having been successful. Ashurst's personal experience with excision gives forty-eight recoveries, useful limbs in fifty-four cases, five deaths, and one in which subsequent amputation was performed; this result certainly shows the advantage of operative interference, as many of the cases were far advanced.

In very many of these cases it is simply impossible to continue efficient treatment for a sufficient time to ensure recovery, so that they are apt to drag on a miserable existence, which ends in death by amyloid degeneration or a generalization of the tubercular disease; and without discussing in detail the question of operation, I am fully convinced that operative interference is the wisest course, where immobilization has failed or can not be pursued, before the tissues are riddled with sinuses, the bones extensively destroyed and the muscles atrophied beyond the hope of repair; but even in late cases operation must not be refused, for excellent results are often obtained. Such cases are more likely to do well under excision than if submitted to erosion.

Any comparison which may now be made of the relative advantages of excision and erosion may be modified by further experience. In those cases of tubercular disease in which the affection is principally synovial, or where in more extensive disease the age of the patient contraindicates excision, I should favor erosion, and would prefer formal excision in those cases where the destruction of bone tissue was greater. It is not impossible, however, that the future may show that the surest and best results will be obtained with the least loss of time and least probability of recurrence, by the formal removal of the whole articular end of the bone, followed by careful and complete des-

truction of all the tubercular foci in the synovial membrane and peri-articular tissues.

REPORT OF ONE YEAR'S WORK OF INTRA-PEVIC SURGERY FOR THE RELIEF OF INFLAMMATORY DIS- EASES.(¹)

Reported to the Ohio State Medical Society,
Annual Session held at Columbus,
June 4, 5 and 6, 1890,

BY

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Surgeon to the Free Hospital for Women,
etc., etc.

Mr. President and Gentlemen:

I believe we can best utilize the time allotted us by a review of the work done in the past year in intra-pelvic surgery for the relief of inflammatory diseases peculiar to women. The cases here tabulated, eighteen in number, include all of the operations made for the removal of the uterine appendages by myself, taken consecutively since my report to this society last year, and are reported as a basis for a thorough discussion of this important class of gynecological work. In no case was the operation made until the patient had been subjected to the best and most approved local and constitutional treatment for many months, and in many instances years; and this treatment had failed. In several instances the patient and those interested in her welfare would not accept an operation until the case was regarded as hopeless by the attending physician. In no case, however unpromising, have I refused to operate, and all have recovered.

Considering the pathological conditions present in all of these cases, the strong adhesions to overcome, and the enfeebled conditions of many of the patients, the results are all any one could ask. These results have not been

attained with ease, and many of the cases gave me no small degree of anxiety for a number of days after the operations were made.

I have no hesitation in saying that I could not make the report to you to-day unmarred by a death, if I had not had the patients where I could give them careful after-treatment. *It has been asserted that the after-treatment in these cases is nothing.* My own experience is diametrically opposed to this assertion. As a rule, patients do not require prolonged treatment after these operations, but they require more care and attention for the first few days than other cases requiring abdominal sections; except perhaps supra-vaginal hysterectomy.

Regarding the difficulties encountered in these operations, I can emphatically endorse the statement made by that eminent and brilliant young surgeon, Dr. L. S. McMurtry, in a paper read before the Southern Surgical and Gynecological Society in November of last year. He said: "The operations upon the uterine appendages are among the most trying in the entire field of pelvic surgery. To remove pus tubes and adherent ovaries, buried in a mass of adhesions, and friable from cheesy degeneration and suppuration, is among the most severe tasks of operative surgery. Normal relations are destroyed by the exudation, the fingers must make a track to the floor of the the pelvis, and blood and pus well up as the exploration and enucleation proceeds. The sight gives no aid; the work is done wholly with the two fingers deep in the pelvis." This quotation fully coincides with my views regarding the difficulties of the operation of removal of the appendages in long-standing inflammatory diseases.

I am aware of the fact that these are trying times for men engaged in this special work. They have their way to make and their position to sustain against the many difficulties incident to the work, as well as against the failures of those who insist upon opening the abdomen because it is easy. We all know an uncomplicated ovariectomy is not difficult, but on the contrary is one

¹ Being a Supplement to "Ten Consecutive Cases of Abdominal Section for the Removal of the Uterine Appendages, etc." reported to the Ohio State Medical Society at the meeting at Youngstown, May, 1889.

of the easiest of the capital operations. But we must admit that the operation is a serious one, to be carefully performed, after very careful consideration. We are to remember that very frequently, that which appears to be a simple and easy operation may eventuate in the most complicated condition, and this is the reason for the necessity of careful preparation and training in every detail that pertains to abdominal and pelvic surgery before the work is attempted, if one hopes to attain the best result.

A knowledge of the accidents that may happen is one of the best means of avoiding them. I have long since learned, that before opening the abdomen, no exact estimate can be made as to the gravity and extent of the complications to be met with in any given case. I am convinced that no man has a moral right to open a patient's abdomen unless he is prepared for any emergency which might occur, and is himself competent to deal with the conditions found on the spur of the moment, and, in a surgical manner. The success of abdominal and pelvic surgery is bounded and measured by the ability of the operator to overcome the many complications.

In presenting this group of cases of tubo-ovarian diseases as tabulated, you will observe that it illustrates the severest lesions met with in this kind of work. All the patients had suffered long and severely; all had had peritonitis, not only once, but repeatedly.

When salpingitis exists without suppuration, I do not believe for that reason alone an operation is justifiable, until the patient has had the most approved local and constitutional treatment for many months. That this is the most judicious plan to pursue is proven by the fact that in many of these cases the patient is made more comfortable by treatment, and occasionally one gets rid of her symptoms, and is so much improved that an operation is not necessary. For these reasons, all cases of chronic salpingitis should have a prolonged course of treatment before submitting them to an operation. But, after a prolonged and systematic course of treatment, if the

patient continues to suffer great pain, and where the tubes, ovaries, broad ligaments and intestines are soldered as it were into a single mass, an operation is indicated, and justifiable, even if the existence of pus cannot be made out. In cases XX, XXV, and XXVII, the operations were made for the relief of these conditions.

Case XX, which proved to be tubercular salpingitis, had been treated by a number of good physicians for five years. She had the benefit of a change of climate, yet she was constantly growing worse. She had three attacks of hæmoptysis within three months' time just preceding the operation. There was dullness on percussion over the apex of the right lung, and daily exacerbations of fever for ten weeks just preceding the operation. She could not be out of bed for a whole day for many weeks, and was losing flesh and strength. She had suffered from repeated attacks of abdominal inflammation, and had constant pelvic and abdominal pain. The uterus was fixed by inflammatory exudations, and was exceedingly sensitive to pressure. It is not quite five months since the operation, and she is now in better health than she has been at any time since her illness commenced. She has gained eighteen pounds in flesh, and with it her strength has returned. I await the ultimate result with much interest.

Cases XXV and XXVII were likewise chronic invalids with constant pelvic and abdominal pains. They, like the preceding one, had suffered from repeated attacks of peritonitis. The uterus was fixed from inflammatory adhesions, and it was with the greatest difficulty that the appendages could be found and removed.

These three cases are the only ones in the whole series of twenty-eight, in which there was no pus to be found in the pelvis, yet the operation has restored them to health after all other measures had failed.

All the remaining cases had pyosalpinx except cases III and XXIV. They had abscesses of the ovary.

In many of these cases it was impossible to separate the adhesions without

bursting the pus sac. In every case where this occurred, and in cases where there was much bleeding, the abdominal cavity was washed out with the gravity tube. Free washing out of the abdominal cavity need not be feared, as the heat relieves the shock. I have constantly employed it when necessary since April 7, 1887, and have not seen a case in which it caused a single bad symptom. I irrigate until the water returns as clear as it was before it is put into the cavity.

Although all of the cases recovered, a number of them would not submit to an operation until they were *in extremis*.

Let us turn for a moment to the other side of the picture. Since my report to this society last year, I have seen four cases in consultation, and advised an operation for the removal of the pus tubes, which advice was refused by the physicians in charge and the friends of the patient, because an operation involved danger to life. All of these cases died within a few weeks after the consultation. They all died from peritonitis, with every indication of a ruptured pus tube. In but three could an autopsy be secured, and in all of these a ruptured pus tube was found to be the cause of the fatal attack of peritonitis, and I have no hesitation in saying that the same condition existed in the fourth, but could not be verified, because an autopsy could not be secured.

I refer to the above cases to show that in cases of pus in the pelvis, there is danger to life in the so-called conservative plan or in the let-alone-plan of treatment, as well as in operation. In this instance, taking the whole twenty-eight cases, there is a mortality of less than four per cent., where all have been operated upon that would submit to the operation; but in the four cases refusing the operation, and which were treated by what is called the conservative treatment, without an operation, there was a mortality of 100 per cent.

The following tabular reports of the two series of cases operated upon will bring out the interesting points of the individual cases.

TABULAR REPORT OF THE TEN CONSECUTIVE CASES OF ABDOMINAL SECTION FOR THE REMOVAL OF THE UTERINE APPENDAGES, ETC.—Reported to the Ohio State Medical Society, 1889.

No.	Date.	Residence.	Medical Attendant.	Pathological State.	Remarks.	Result.	Drainage.
1	1887 Sept. 20.	Ritchie C. H., W. Va.	Chas. Scott.	Pyosalpinx.	Was confined to bed for twenty months before operation. Cure complete.	Recovery.	Yes.
2	Nov. 16. 1888	Piketon, O.	O. C. Andre.	Pyosalpinx.	Sick for two years. Now in perfect health.	Recovery.	Yes.
3	April 30.	Frankfort, O.	Rufus B. Hall.	Abscess of ovary.	Sick for three years. Now in perfect health.	Recovery.	Yes.
4	Sept. 5.	Sparia, O.	D. P. Bliss, and B. B. Scott.	Pyosalpinx.	For eighteen months before operation patient could not sit up for an hour. Emaciation extreme. Septic poisoning before operation. Died on fourth day.	Death.	Yes.
5	Nov. 3.	Bainbridge, O.	W. B. Lee.	Pyosalpinx.	Now in better health than ever before.	Recovery.	Yes.
6	Nov. 22.	Cincinnati, O.	C. R. Holmes.	Pyosalpinx.	Recovery complete.	Recovery.	Yes.
7	Dec. 27.	Minster, O.	C. L. Dine.	Pyosalpinx.	Now in good health. Has no pain.	Recovery.	Yes.
8	1889 April 13.	Covington, O.	A. F. Scofield.	Pyosalpinx.	A great sufferer for years. Large pus tubes removed.	Recovery.	Yes.
9	May 6.	Cincinnati, O.	J. S. Caldwell.	Pyosalpinx.	Now in perfect health.	Recovery.	Yes.
10	May 7.	Cincinnati, O.	C. D. Fishburn.	Pyosalpinx.	Now in perfect health.	Recovery.	Yes.

SUPPLEMENTAL REPORT TO THE PRECEDING TABLE, SHOWING ONE YEAR'S WORK OF INTRA-PELVIC SURGERY FOR THE RELIEF OF INFLAMMATORY DISEASES.

Reported to the Ohio State Medical Society, June, 1890, by Rufus B. Hall, M.D.

No.	Date.	Residence.	Medical Attendant.	Pathological State.	Remarks.	Result.	Drainage.
11	1889 June 17.	Newport, Ky.	Rufus B. Hall.	Pyosalpinx.	Double pyosalpinx of nine months' duration.	Recovery.	Yes.
12	Sept. 30.	Chillicothe, O.	W. A. Hall.	Pyosalpinx.	Invalid for four years. Cure complete.	Recovery.	Yes.
13	Oct. 3.	Cincinnati, O.	Rufus B. Hall.	Pyosalpinx.	Patient bed-ridden for thirteen months. Now in perfect health.	Recovery.	Yes.
14	Oct. 7.	Cincinnati, O.	Rufus B. Hall.	Pyosalpinx.	After removal of pus tubes, ventral fixation of uterus for cure of retroversion.	Recovery.	Yes.
15	Oct. 17.	Chillicothe, O.	W. A. Hall.	Pyosalpinx.	Sick for three years.	Recovery.	Yes.
16	Oct. 22.	Cincinnati, O.	Rufus B. Hall.	Pyosalpinx.	Removal of pus tubes. Ventral fixation of uterus for cure of retroversion.	Recovery.	Yes.
17	Nov. 7.	Cincinnati, O.	C. B. Van Meter.	Pyosalpinx.	Two years before had operation on lacerated cervix, which gave no relief. Now in perfect health.	Recovery.	Yes.
18	Nov. 25.	Cincinnati, O.	C. B. Van Meter.	Pyosalpinx.	Sick four years. Now well.	Recovery.	Yes.
19	Nov. 27. 1890	Cincinnati, O.	Rufus B. Hall.	Pyosalpinx.	A great sufferer for fourteen months. Perfect cure.	Recovery.	Yes.
20	Jan. 6.	Cincinnati, O.	Rufus B. Hall.	Tubercular salpingitis. Pyosalpinx.	Sick for five years. Improving rapidly. Gained eighteen pounds in weight.	Recovery.	Yes.
21	Jan. 23.	Cincinnati, O.	J. A. Murphy.	Pyosalpinx.	Sick five years. Very feeble. Now improving and gaining in weight.	Recovery.	Yes.
22	Feb. 19.	Coalton, O.	Wm. Drake.	Pyosalpinx.	Sick six years. Dates abdominal pain from time of forcible dilatation of cervix three years ago.	Recovery.	Yes.
23	Mar. 15.	Dayton, Ky.	W. D. Richards.	Pyosalpinx.	Invalid for two years. Cure complete.	Recovery.	Yes.
24	Mar. 19.	Chillicothe, O.	J. W. Lash.	Abscess of ovary.	Sick five years, bed-ridden one year. Cure complete.	Recovery.	Yes.
25	Mar. 27.	Cincinnati, O.	O. P. Holt.	Chronic salpingitis and ovaritis. Pyosalpinx.	An invalid for six years. Appendages removed. Cure complete.	Recovery.	Yes.
26	May 7.	Cincinnati, O.	L. A. Shepard.	Pyosalpinx.	Sick for two years.	Recovery.	Yes.
27	May 24.	Cincinnati, O.	E. S. Stevens.	Chronic salpingitis and ovaritis.	Sick for two and one half years.	Recovery.	Yes.
28	May 27.	Vinton Co., O.	Rufus B. Hall.	Chronic salpingitis and ovaritis.	Sick for two and one half years.	Recovery.	Yes.

THE RELATION OF RHEUMATISM TO HEMORRHAGE.

A Paper read before the Cincinnati Medical Society, March 4, 1890,

BY

C. B. VANZANT, M.D.,
CINCINNATI.

Little, if anything, is said in the text books on the subject which forms the caption of this brief paper. Indeed, I cannot say that any clearly defined relation between these conditions exists, as generally recognized by the profession. The few thoughts that I have to express, suggesting a probable relation between rheumatism and hemorrhage, were the outcome of two cases, occurring in such close sequence in my practice as to arrest my attention and lead to a train of query regarding cause and effect, which it may perhaps be profitable to consider to-night.

Very briefly the histories, as taken from my case-book, are as follows:

CASE I.

M. D., American, thirty-five, well developed and nourished, printer, moderate beer-drinker; never sick before. On October 1, last, without any premonition, he was taken with indefinite pains in the limbs. Almost at once a severe purpura appeared on the legs, and gradually, during a period of two weeks, spread over the whole body, even appearing on the face and tips of the ears. In most places the spots were discrete, but on dependent parts, like the back and buttocks, as the patient lay in bed, they were confluent. A large bulla, containing bloody serum, formed on the thumb. At about the time petechiæ appeared, marked œdema of the hands, face, and especially the feet, came on which, however, disappeared completely in a few days. On October 3, a day after the purpuric spots appeared, the ankles became swollen, red, and painful. In rapid succession the knees, shoulders, elbows, wrists, and finger-joints were likewise affected. After about two weeks of migration, the rheumatism confined itself to the left elbow and shoulder, where it remained till the recovery of the case,

some three weeks later. At the beginning of the rheumatic symptoms, there was slight, transient fever. No albuminuria existed at any time in the course of the disease. Heart and lungs were normal.

On October 8, the patient had a severe hemorrhage from the bowels, as shown by the evacuation of three stools of dark blood, aggregating a pint and a half. Quite prostrated; gave a small dose of ergotine and opium. No further hemorrhage occurred. During the earlier course of the case, when the purpura was the more prominent condition, the usual treatment for this trouble was faithfully employed (including ergotine, dil. sulphuric acid, etc.), but without avail to either the subcutaneous hemorrhage or rheumatism. Thinking that possibly the rheumatism was the underlying cause of the whole trouble, including the petechiæ and enterorrhagia, I then changed to the salicylates, iodide of potassium and alkaline salts, with the result of the gradual, but steady disappearance, *pari passu*, of the eruption and rheumatism. At the end of about five weeks from its inception, the case was fully convalescent.

An interesting feature in the case, was that a large mustard plaster, applied over the abdomen, early in the case for the relief of pain, caused an ecchymosis under the skin of the entire area covered by the draught.

CASE II.

H. K., twenty-two, American, broom-maker, well developed and nourished. Had never been sick before, except an attack of cervico-dynia, some years previously. Never had had gonorrhœa, hæmoptysis or hæmophilia; but was subject to attacks of moderate epis-taxis, perhaps as often as once a month, without apparent cause.

On December 6, 1889, was suddenly attacked with severe post-sternal pain; followed on the 7th by distinct redness, pain, and swelling of a thumb; on the 8th, of the wrists and shoulders; on the 9th, of hips and knees; fever and sweats. On the afternoon of the 9th, he passed urine containing a considerable quantity of blood. Specific gravity

1025. Highly albuminous, as would be expected from the presence of the blood. The hæmaturia continued for two days and a half, the amount of blood gradually diminishing during this period. The proportion of blood in the urine grew less, as the rheumatism, under treatment, rapidly subsided, and disappeared completely with the rheumatism in a few days. I could discover no disease of heart or lungs; and at no time previous to, during or following the attack described, were there any symptoms referable to the urinary tract. There had never been cough or tubercular indications. In this case there were no petechiæ.

Summarizing briefly, in the first case we find a typical attack of acute rheumatism, attended with marked petechiæ of the entire body, and later with enterorrhagia, in a patient who had always previously been well. The failure of all treatment directed to the purpura exclusively, but the rapid success of anti-rheumatic treatment, not only in causing the disappearance of the rheumatism, but of the purpura as well, merits attention.

In the second case there was the occurrence of rheumatism, preceded by unaccountable attacks of epistaxis, and attended with hæmaturia (probably of nephritic origin), which latter gradually disappeared without any special treatment, as the rheumatism subsided under appropriate medication.

What conclusions are we justified in drawing from these clinical phenomena? Were the hemorrhages and rheumatism merely coincident and without causative relation?

The first case presented a typical purpura hemorrhagica and a typical rheumatic fever, by which latter term I do not mean indefinite arthritic or muscular pains, such as often occur in cases of purpura, in scorbutus, and even in hæmophilia, during or between attacks of spontaneous bleeding, according to Finlayson; but the successive inflammatory involvement of the joints, according to the law of parallelism of Flint, with fever, sweats, etc. This case certainly resembles in some re-

gards the so-called "purpura rheumatica," or "peliosis hemorrhagica, or rheumatica" of the text-books, first described by Schoenlein. In this disease, however, as generally delineated, rheumatic pains occur in or around several joints simultaneously (not successively); and the rash is at first a simple erythema, which soon becomes hemorrhagic, and is situated mainly around the joints. It is by most writers considered a variety of erythema papulatum or nodosum. It seems to me, therefore, that distinctive points exist between this description and the first case reported; so that I am inclined to believe that in both of these cases the rheumatism was the underlying cause of the hemorrhages, as shown by their mode of development, their course and the results of treatment.

When it comes to a pathological explanation of the relation of rheumatism to hemorrhage, we tread upon uncertain ground. If we lay aside as subordinate factors, vaso-motor paralysis, and increased arterial tension, I can conceive that hemorrhage in these cases might be due to one or both of two causes.

1. A change in the composition of the blood, rendering it capable of exosmosis (if we may use this term with reference to the blood) into the parts surrounding the vessel.

2. To an alteration in the character of the vessel-walls, leading to the same escape of blood, either by rhexis, as an entirety, or by diapedesis of the red corpuscles.

As to the changes occurring in the blood in rheumatism, we know but this much, that it is deficient in red-corpuscles to the amount of nearly one-half; also, in hæmoglobin and oxidizing power, in albumen and albuminates. Fibrin exists in from two to three times the normal proportion. No excess of uric acid; no excess of lactic acid in the blood in either acute or chronic rheumatism, contrary to the largely accepted theory of Prout. The alkalinity of the blood, according to Lepine and Conard, is increased in acute and always diminished in chronic rheumatism.

That these blood-changes in rheu-

matism are sufficient to cause diapedesis of the red-corpuscles through a healthy vessel-wall, no proof exists; though in the above cases, the fact that the hemorrhages ceased as soon as the blood came under the influence of the salicylates, alkaline salts, etc., might so indicate. Still, if the blood-change, alone, caused hemorrhage, it ought to be more common in rheumatic attacks.

As to the other view, that in rheumatism (even where practically latent, in the form of a diathesis), changes may be brought about in the walls of the arteries or arterioles, sufficient to predispose to easy escape of blood or red-corpuscles, perhaps more can be said.

In an article by Meigs, of Philadelphia, in the *New York Medical Record*, of August 24, 1889, he takes the ground that chronic endarteritis is far more common than is generally supposed; that it is not limited to the atheromatous changes of old age, but may exist at all ages, even in infancy. He gives a drawing from a microscopic section of an artery in a child five months old, showing a marked endarteritis, the tunica intima being so increased in thickness as to nearly occlude the vessel. He finds, in the great majority of cases of sudden hemorrhage, unaccountable by local disease or trauma, such as epistaxis, cerebral hemorrhage, hæmoptysis, hæmaturia, etc.—that, on microscopic examination, there is a distinct chronic endarteritis, by which the vessel-wall has been greatly weakened and rendered less resilient. In proof of this he cites case after case, at great length, and constantly ventures to diagnose chronic endarteritis from its hemorrhagic and other phenomena. Now, the point of interest in relation to our subject is, that very many of these cases had at some time had rheumatism, thus establishing from his long-continued observation, a distinct relation between rheumatism and hemorrhage. He considers the heart as only an expansion of the arterial system, just as the receptaculum chyli is of the lower lymphatic system; and that the intima of the arteries is just as often inflamed and weakened by the altered and pos-

sibly irritant blood or some other factor of rheumatism, as the endocardium or valves; and this too, at times, in the absence of the most striking manifestation of rheumatic fever, namely, the arthritis.

To quote Meigs: "Hemorrhage, whether it appears in the form of epistaxis or of cerebral apoplexy, is a marked symptom, and one which should always arouse the physician to investigate whether endarteritis has not taken possession of some part of the vascular system of the patient."

Again, "rheumatism and gout seem to be near relatives of endarteritis, or, at least, closely bound up with it."

In his recent excellent monograph on the "Pedigree of Disease," Jonathan Hutchinson says: "During the past year some very interesting cases have come under my observation, which lead to the conclusion that many, if not most, forms of intractable hemorrhage, are in connection with hereditary peculiarity of the arterial system, derived from gouty progenitors." These remarks, we think, may be taken as fairly true of the rheumatic diathesis also; for he considers that rheumatism and gout are very frequently conjoined, and that it is often impossible, especially where more or less latent as a diathesis, to separate them; and, that, even in an acute outbreak, there will often be a difference of opinion as to whether such an attack should be called rheumatic fever or general gout.

Recently, Sir Andrew Clark has called the attention of the profession to a non-tubercular and non-cardiac hæmoptysis, which he has seen in a considerable number of cases. In these cases there were found under the microscope minute structural alterations in the arterioles, and later on, in the capillaries and venous radicles of the lungs. He ascribes these organic changes and the consequent hemorrhage in most cases to a gouty or a rheumatic diathesis, and finds the only successful treatment to be the alkaline carbonates and iodide of potassium.

After a careful search, I can find no literature on this subject, except one case, reported by Marique, of Brussels,

of pulmonary hemorrhage, which he attributes directly to rheumatic fever.

Grouping all these facts together, I think it highly probable, that, while only an exceptional sequence, rheumatism may stand in a causative relation to hemorrhage in any locality. I have brought up this subject, with the two cases mentioned, to elicit the experiences and views of those present, and with the belief that in the future the exact relation of rheumatism to hemorrhage will prove a profitable field for careful observation.

[FOR DISCUSSION SEE P. 759].

DIPHTHERIA EXTENDING TO THE FRONTAL SINUSES.

BY

ADAM E. ROBSON, M.D.,
DEMOSSEVILLE, KY.

Robert N., aged four and one-half years, was taken sick with diphtheria during the night of June 9, 1890. Although the disease was prevailing in the neighborhood at the time, his parents neglected him, and as he progressively grew worse, they sent for me on the morning of the 12th. I made my diagnosis at once, and from the extension of the false membrane, which had by this time entirely covered all portions of the throat visible, and from the extreme offensiveness of the breath, it seemed that the disease had descended down the trachea. My prognosis was very unfavorable. The history of the case showed that his bowels had not moved for four days, but that he had eaten heartily during all his illness of corn bread and fried bacon. His temperature was 104°.

The next day his temperature was still very high, notwithstanding the large doses of quiniæ et antifebrin that I had given him. A brisk cathartic had moved his bowels well and he had eaten heartily of light food. His nose now commenced to discharge a very offensive secretion, and he complained of an intense frontal headache.

From his mother I learned he had been delirious during the night, which led me to the conclusion that the dis-

ease had affected the frontal sinuses, and that it was almost hopeless. I ordered that he take of quiniæ sulph. et antifebrin, each two and one-half grains, every four hours, and ten drops of muriated tincture of iron hourly. Locally, I washed the throat and nose with a solution of carbolic acid, chlorate of potassa and water; and after each washing I applied sulphur, by means of an insufflator. This treatment was continued for three days, with the addition of a strong milk punch three times a day.

On the 16th, when I entered his room, he seemed much better, and I learned that during the night, after his throat had been washed, he had had a severe attack of vomiting and several large rolls of the membrane had been expelled. Noticing the patient, I saw protruding from the nose a small portion of the membrane and removed it with a pair of forceps.

Until this time there had been no appreciable change in the condition of the patient, but by continuing the same course of treatment he kept improving rapidly, and was soon convalescent, but the muscles of the glottis were paralyzed. For this paralysis I employed strychnia sulph., gr. $\frac{1}{16}$, and on February 15th, he could talk so that he could be understood, and could also swallow liquids without any serious trouble. I then stopped treatment, as his parents were of the poorer class, and did not wish to incur any additional expense.

On March the 1st, I was again called to see the boy, and found him suffering very severely from pneumonia, which had followed an attack of *la grippe*. On careful examination of the throat, I found that he had almost entirely recovered from the paralysis; but the pneumonia proved fatal that night.

During the fall I treated three other cases of diphtheria affecting the frontal sinuses, and they all ended fatally.

BINDING.—A VOLUME ($\frac{1}{4}$ year) of the *Lancet-Clinic*, cloth, leather back and corners, gilt lettering, for 75¢.

Correspondence.

A PLEA FOR OUR "ZOO."

CINCINNATI, June 21, 1890.

Editor Lancet-Clinic:

"The study of nature," says Chateaubriand, "is a series of object-lessons for grown people." These object-lessons demonstrate and illustrate all those grand and sublime problems which, taken collectively, form according to Pope man's greatest study, namely, the study of himself. Study man as the moralist and psychologist does; study him after the fashion of the biologist and anatomist; study him within, study him without—the world around you is a picture-book, replete with diagrams and illustrations to demonstrate *ad oculos* what you have already perceived, and to suggest what your eye has not seen.

Nature is the shrine where the heathen and the Christian, the moslemite and the believer in Moses, the follower of Buddha and the disciple of Confucius, can meet and worship under the sheltering wing of true religion. In this temple of truth the spirit-hands of peace and unity guide the foot-steps of the learned and of the simple; above them all infinity holds its shielding ægis; the choirs of sighing breezes, swaying tree-tops, humming insects and chirping nestlings, waft the souls of the devoted upwards; all nature becomes one prayer and the voice of man, who loves his fellow-man, is like the sound of a great Amen.

If the study of the beautiful and sublime in nature be worthy of the time and efforts of the best minds, it follows that a place, where, as in a focus, beauty and sublimity of nature are concentrated, should be given a proportionate share of their time and devotion. The friends and students of natural beauty and truth should flock to this place; it should be to them the Mecca of their religion. The physician, the "high-priest of nature," should hasten thither like the weary wanderer to his resting place.

Do our confratres of Cincinnati and vicinity know that Cincinnati is one of the most fortunate cities in the world in possessing such a place? Are they aware that our ZOOLOGICAL GARDEN is one of the most beautiful places of its kind on the continent, that it need not shun comparison even with the most famous gardens of the old world? Why is it that Cincinnatians do not demonstrate their appreciation of the "Zoo" by more liberal support? It is certainly not to be supposed that Cincinnati lacks in æsthetic sense and scientific interest. To refute such an allegation, it would only be necessary to point to the many institutions belonging to the city, where art and science have found a home.

The explanation of the apparent lack of patronage of our "Zoo," is to be found in the fact that our people—*mirabile dictu*—do not know anything about the "Zoo."

In Germany, for instance at Berlin, Breslau, Hamburg, Koenigsberg, Cologne, Frankfurt, the Zoological Garden is one of the features of city-life; and to take a walk with wife and child usually means to visit the "Zoo." Friends and acquaintances meet there, and from the early morn until the shades of night begin to fall, there is a constant procession of people to and from the "Zoo." What an immense social, sanitary, and educational advantage there is in this, cannot be at all surmised.

But the "Zoo" should be more than a place of amusement, especially to the members of the medical profession. Zoology is one of the great branches of biological science. It is closely related to comparative anatomy and physiology. It must of necessity, therefore, be of interest to the student of anatomy and physiology. For this reason, if for no other, the "Zoo" should be a place of rendez-vous for medical men, particularly those—and, I am glad to state, they are in the majority—who, in the hum-drum of practice have not lost sight of the fact that medicine is *par excellence* a science.

Let me urge my colleagues to take the initiative in giving the "Zoo" the

patronage which belongs to it. Let them use their influence and authority for this purpose. Let it be fashionable to go to the "Zoo." Let the Board of Directors arrange for a doctors' day, *e. g.*, on the first Tuesday of every month. Let us be nearer to each other; let us enjoy each others' company; let scientific interest and local patriotism co-operate in giving our "Zoo" the deserved patronage.

DR. OTTO JUETTNER.

387 Ohio Avenue.

TWO CASES OF PYÆMIA IN EARLY INFANCY.

Baginsky (*Virchow's Archiv.* Bd. cx, Heft 3), describes two case of pyæmia, which he observed in infants at the breast. In one the infection took place through the umbilical cord, which was in a condition of purulent inflammation. Then occurred inflammation, attended with redness and œdematous infiltration of the extremities. The brownish liquid contained in the cord showed numerous micrococci, which, for the most part, were arranged in chains. Micrococci in abundance were found in all the internal organs. They were so numerous in the kidneys as to lead to a necrosis of structure. The same streptococci in chains were found in the radio-carpal articulation. Cultures of portions of the organs gave streptococci arranged in long chains, which the author looked upon as the *Streptococcus pyogenes*.

In the second case the avenue of entrance was through an inflammatory lesion of the skin, with excoriations. In the kidneys and spleen were found a great number of streptococci, which led, in certain parts, to a necrosis of tissue. In these two cases streptococci were found in the organisms of sucklings, which resembled the *Streptococcus pyogenes*, the same micro-organism that exists in all cases of puerperal infection. It is interesting to note the close relationship that exists between puerperal affections and suppuration or erysipelas of the newly born.

—*N. Y. Med. Journal.*

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of March 4, 1890.

The President, C. R. HOLMES, M.D.,
in the Chair.

WM. L. MUSSEY, M.D., Secretary,
pro tem.

DR. C. B. VAN ZANT reported a case of

Fractured Coccyx,

the result of a fall down a stairway, the patient being a woman seventy years of age. A few days after the fall an intense pain at the end of the spine developed. She could not lie or sit comfortably, and had very painful defecation. The coccyx made an acute bend forward, pressing on the rectum, one-half to one-third of an inch of it being freely movable. Shock existed for two or three days; successfully treated by opiates. After this had passed off, a movable piece of the coccyx was removed by incision with entire relief of the symptoms. The sacrum was very much curved, forming with the coccyx nearly a semicircle. The speaker thought that this was probably the reason that the fracture occurred.

DR. VAN ZANT then read a paper entitled

The Relation of Rheumatism to Hemorrhage (see page 754).

DISCUSSION.

DR. JOS. EICHBERG said that he had met with three cases, two of epistaxis and one of hæmaturia. In the first two cases joint symptoms were not prominent, but the pains were myalgic in character. The first case was a man forty-five years of age. He had epistaxis on the second, fourth, fifth and eighth days, but after coming under the salicylates no more hemorrhage occurred. The second case was a woman twenty-two years old, who had two epistaxes. The third case, a boy eighteen years old, had hæmaturia several

times. The attacks recurred, seeming to be connected, not with the pain, but with cold. The salicylates had no effect, but the attacks were best controlled by the administration of ergot.

The latest investigations on this subject point to a diseased condition of the blood-vessels, the internal lining being affected like the endocardium. The speaker saw a case in the London Hospital, in a girl fourteen years of age, who became blind during the first attack of rheumatism. On the fifth day she became blind in the right eye, and on the sixth day in the left. Examination showed embolism of the retinal artery and hemorrhage into the retina, the vitreous later becoming cloudy. A thrombus made its appearance in the right femoral vein, and afterwards in the left. Post-mortem examination showed phlebitis and hemorrhage in other parts of the leg. It is a question if this does not occur in the offspring of families where rheumatism has existed or some nervous trouble been present.

DR. WM. CARSON said that the subject was well introduced by Dr. Van Zant's paper, and was an important one. He considered rheumatism a symptom that appeared in a great many diseases, and covers a great variety of ground. Rheumatism has probably a more general signification than perhaps other general terms as dropsy, dyspnoea, etc. The variety described in the paper is not often met with, probably, in scarlatina and tonsillitis. Rheumatism occurs with nervous troubles, and in remarkable instances in acute and chronic posterior spinal sclerosis. Dr. Mitchell, father of Weir Mitchell, says there is a form of spinal origin. The speaker once saw a case in which a negro man ran under a cart, where, striking his head on a shaft, he fell back paralyzed. Contusions were received on the head and neck. The shoulders and knees were affected; there was unilateral sweating, and another condition that made the case interesting was hemorrhage. The speaker thought hemorrhage a mere symptom, and of general appearance in infectious and nervous diseases, in Bright's disease, in liver

troubles, in scarlatina, and in a great variety of other affections.

The speaker did not doubt that clinically we have a rheumatism easy to diagnosticate but difficult to treat, and he believed that it was infectious in character. The symptoms, high fever, sweating, etc., agree with other infectious diseases. If it be infectious, he believes that the hemorrhage also is due to its infectious character. There is a question as to the identity of the cause, or will the same cause produce both. Hemorrhage occurs much more frequently in other conditions. Rheumatism is known clinically with the hemorrhage. Its results are produced on the small vessels of the body as thrombosis, embolism and endarteritis. Changes are also produced in the endocardium. There seems to be a similarity in the results. The speaker believes that properly we have another variety, *i. e.*, the nervous, acute, and chronic, in locomotor ataxia. Can the same cause produce rheumatism and purpura? The investigations of some authorities seem to show so. We have some cases of pains in the limbs, swelling of joints and spots of pain in the legs only. There are pains much the same as in myelitis or peripheral neuritis.

The speaker cited cases illustrating the associations of nervous condition, hemorrhage and pain. There were pains in the lower limbs, soles of the feet, thighs and legs, and one case had hemorrhage. Another case had burning pains in the soles of the feet, the joints not being much involved. He spoke of a case of a boy who, when five or six years of age, had inflammatory rheumatism and endocarditis which left him with a serious lesion. He had several attacks, and in the later ones had purpura, and slight hemorrhage from the mouth at one time. There has been a good deal of work done in the last few years on the proximate cause of endarteritis. There have been a good many examinations made of vessels at the seat of hemorrhage, and changes have been found in the vessels themselves, with thrombosis and masses of bacteria.

The following cases were then re-

lated: First: A man, age fifty-six, German, a baker. Complained of pain in the ankles and burning in the feet. There was swelling in the ankles, followed by an eruption extending up the legs. The knees and shoulders were stiff, but not much swollen. The lungs and heart were normal. He was given fifteen grains of salicylic acid every three hours, and muriated tincture of iron three times daily. The case improved. Second: Man, aged twenty-eight. He had gonorrhœa eight years ago, and a sore on the penis five years ago. The speaker also had had a hysterical case, where a slight scratch made a discoloration of the skin. The cases were treated with sodium salicylate and large doses of muriated tincture of iron, because of the idea of the infectious nature of the disease. The salicylates are useful in other infectious diseases, as well as in rheumatism.

DR. MUSSEY: Strumbell says: "We have repeatedly seen widespread hemorrhagic affections of the skin occurring in true acute rheumatism of the joints, also bleeding from mucous membranes and other surfaces. All these appearances again point in the plainest manner to the infectious nature of polyarthritis."

DR. LEONARD FREEMAN: Two Italians claim to have discovered the bacillus of purpura, and to have caused it in rabbits by inoculation. These experiments lack, as yet, confirmation.

DR. J. C. OLIVER illustrated the hemorrhagic diathesis with rheumatism, by the following family of six children: Five boys, all showing the hemorrhagic diathesis; the girl is well; father and mother are healthy. In mother's family there is a history of rheumatism. Four of the sons have died, the diagnosis being rheumatoid arthritis. Possibly there was thrombosis of the femoral veins. The attacks always came at the same point. Usually they died at about the age of twenty-one. One, who is alive still, has attacks at intervals. These increase in intensity as he grows older. The girl, who is twenty-three or twenty-four years of age, has always been healthy.

DR. EICHBERG: The tendency in in-

fectious diseases is not to recurrence except in malaria. One attack usually gives immunity.

DR. COMEGYS: Has met rarely any hemorrhage in cases of rheumatism; remembers one case of hæmoptysis perhaps connected with it.

THE TREATMENT OF ACUTE GONORRHOEA.

In the *Archiv für Dermatologie und Syphilis* (4 Heft, 1889), appears a paper by Dr. Friedheim, containing an elaborate account of a large number of experiments made in the clinic of Professor Neisser, of Breslau, with the view of determining the best method of treatment in acute gonorrhœa.

The object aimed at was to find the local application which possessed in the highest degree the power (1) of killing the gonococci; (2) of influencing the inflammatory phenomena, (3) of promoting epithelial desquamation, and thereby securing mechanical elimination of the micro-organisms.

Among the numerous drugs experimented with were various preparations of mercury, including the perchloride and salicylate, permanganate of potash, iodoform, boric acid, pyrogallol, resorcin, antipyrin, thallin, and many others. But of all those now tried, the best results, as tested by the microscope, were obtained from a solution of nitrate of silver, of a strength varying from one in 4,000 to one in 2,000. The treatment is begun by the injection of this solution in the ordinary way, from four to six times a day, the result being that at first the discharge becomes more abundant, thicker, and more purulent; but in about four days the secretion diminishes, becomes thin, and contains a quantity of epithelium. The gonococci also diminish in a remarkable manner, and after a few days disappear altogether. When this has taken place, the number of injections of nitrate of silver is reduced to two, and afterwards to one daily; and other injections, such as boric acid or some preparation of zinc, are used as well. But, in spite of the almost total disappearance of the discharge, the one daily injection of the

nitrate of silver is to be kept up for many weeks.

In cases where the nitrate of silver could not be borne even in weaker solutions than those above mentioned, salicylate of mercury, or thallin, or the chloroborate of sodium was substituted with a certain amount of success; and in the very rare cases in which no antibacterial injection could be tolerated, internal remedies were resorted to. Of these, cubebs, turpentine, oil of gaultheria, oil of sandal-wood, kava-kava, ichthyol, creolin, and copaiba were tried; but among these copaiba alone, and that only in some cases, was found to have any decided effect on the gonococci.

As regards the danger of complications from the use of the nitrate of silver injections, it was found that this mode of treatment was really the best preventive. Thus, among 1,200 cases of gonorrhœa treated in various ways, there were 164 of epididymitis, but in 142 of these the epididymitis was present when the patient first came under treatment; while of the remaining twenty-two cases, only one was being treated with nitrate of silver.

The total number of cases given in the table which is appended to Dr. Friedheim's paper as having been treated by nitrate of silver injections is 318, and in 237 of these it is stated that the antibacterial action of the drug was proved.—*British Med. Journal*.

THE SO-CALLED MORAL INSANITY.

Attempts have often been made to do away with the old and obscure term, moral insanity. Klendgen, in an article published in the *Vierteljahrsschr. f. gerichtl. Medic.*, (*St. Petersburger Med. Wochenschrift*, February 1, 1890.) expresses the opinion that the moral perversity presents only a series of symptoms of the mental disease in question. In all the cases observed by him, in which the immoral acts were the most prominent symptoms, during the entire course of the disease or during certain phases, other well-known forms of mental derangement could be detected after prolonged observation.

In some cases the classification presented no difficulty, as they bore unmistakable evidences of dementia. Another group to which he particularly directs attention, is represented by six cases observed by himself. In these the periodicity of the immorality is manifested in a most prominent way, and is found upon closer inspection that one is dealing with periodical conditions of exaltation closely allied to mania, or with a cyclical mental disturbance. In doubtful medico-legal cases of this kind, the continued observation in an insane asylum is indispensable in order to ascertain definitely the form of the disease. Dr. Klendgen's opinion, that a number of the cases formerly described as moral insanity must be considered periodical mania or cyclical mental disturbances, is decidedly in accordance with facts; in certain other cases sometimes met with, idiocy must be emphasized in the psychiatric diagnosis.

—*Occidental Med. Times*.

THE ÆTIOLOGY AND TREATMENT OF ENURESIS NOCTURNA.

Dr. Oberländer (*Deut. Med. Ztg.*, 1889, No. 61), enunciates the following theory: Enuresis nocturna in boys and girls, unless there are found some grave defects in development, is always due to reflex irritation in the urethra or other terminal openings. The neurotic theory of the affection is not sufficiently grounded. The author adduces as evidence for the correctness of his theory the excellent results obtained by circumcision, the tearing apart of adherent preputial folds, and dilatation of narrowed meatus urethræ. Stenosis may occur in other parts of the urethra just as well as at the meatus, and requires similar treatment.

—*N. Y. Med. Journal*.

FOR SALE—At a reasonable figure, a good practice in the Muskingum Valley, among English-speaking Germans. For particulars, address Lock Box J, Lowell, Washington county, O.

SAMPLES of Sander & Sons' Eucalypti Extract (Eucalyptol), gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant, is a perfect check to inflammatory action, and invaluable in symptomatic diseases.


THE CINCINNATI LANCET-CLINIC:

A Weekly Journal of

MEDICINE AND SURGERY

ISSUED EVERY SATURDAY.

TERMS, \$3.50 PER ANNUM IN ADVANCE.

 All letters and communications should be addressed to, and all checks, drafts and money orders made payable to

DR. J. C. CULBERTSON,

EDITOR AND PUBLISHER,

199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, June 21, 1890.

The Week.

VACATION—REFORMATION OF HIGH-SCHOOL HOURS.

Examinations are over, percentages made out, and averages footed up and sent home to parents and guardians as indications of the pupil's progress and the faithfulness of the teachers in furthering the child's education.

A very few—the number is small—are sent back to go through the same grind another year.

Another small number marks those who year after year have successfully passed this annual ordeal, and, in testimony that is undisputed evidence of their long and hard pull through the entire course, are given a commencement occasion, when, in presence of the great public, the name of each one is loudly announced as worthy of the honor of a diploma of graduation. These are the hundredth part only of those who entered the lower grades; the other ninety-nine-hundredths have fallen out.

A great majority never reach the intermediate schools, while here, again, there is found a decimating process at

work that annually lowers the number who are able to enter the high-school department. Where, again, one-half drop out, for some reason, at or before the end of the first high-school year. What is the cause?

In this city we have no doubt but that this is mainly due to a vicious system of school hours and lack of proper recess recreation.

Primarily, the schools are for the purpose of educating the children of citizens. This would seem to be the only reason for their existence, and if there are any others they should be made to yield their claims for consideration to this one.

Unfortunately for the pupils who have ambitiously struggled along and up through the district and intermediate schools, they come to the high schools to have their whole manner of life changed. Earlier hours, much longer hours before a recess intermission,—which is only a few minutes in length and generally taken up in attending to the crying wants of nature,—then a continued fast until long after the dinner-hour, and then home to a cold lunch or one that has set in the oven until the natural nutriment is dried out of it.

Fortunately for the boys and girls, there are two days in the week when they do not have to undergo this uncalled-for physiological penance. Those two days enable them to in some measure physically catch up, but this only serves to make their lives a limping hobble.

Why is all this physiological outrage committed on these unfortunate boys and girls of the high schools of Cincinnati?

We charge that it is done entirely to accommodate the teachers in those schools, who have thus been enabled to

change their hours of work and eating so that they will have a greater amount of leisure time at their own disposal.

This is an act of inhumanity on their part that should bring the tingling blush to the cheek of every one of them, while the Union High-School Board is equally to blame for tolerating a measure that so viciously violates the laws of nature.

Reformation in this line should be determined upon before the beginning of another school year.

LATE SURGEONS AND ASSISTANT SURGEONS, U. S. V.

A call is out for a meeting at Springfield, Ill., June 26, of the physicians who served in the army during the late war. The meeting is for social, historical and medical purposes.

The call commends itself to our attention, as this can, and no doubt will, be made an occasion for a grand social reunion of men who have kindred ties that bind them very closely together. The meeting may be made very profitable from a historic standpoint. There are no better or more accurate observers than physicians; that is a necessity of their calling. Here will be an opportunity to compare notes and fix data that may be very valuable. Many kept diaries that may be brought into practical use, while a rehearsal of the professional work that was done will be of the very greatest interest.

"The Medical and Surgical History of the War of the Rebellion," as compiled and published by the Surgeon-General's Office, is a monument of the skill of America's physicians and surgeons that towers away up and beyond any similar work that has ever been undertaken. It is not only unique, but the professional marvel of the nineteenth century.

Our professional brothers on the other side were equally skilful, and most of the time did much of their work under the most adverse conditions and circumstances.

We hope that every man who can will attend this Springfield meeting. It will do good to all who go, if only for an opportunity to shake hands for the sake of auld lang syne. It will do good to help fix some dates and places. It will do any man good to grasp the hand of Dr. John H. Rauch, Secretary of the Illinois State Board of Health, who has issued the call. He is a veteran from away back, who fights hospital gangrene, yellow fever and cholera with the same unrelenting vigor that he shows to quackery in practice and shallow teaching in medical colleges. We verily believe there never was a man more capable of organizing an army and fighting it through all sorts of vicissitudes and obstructions to an everlasting victory than this same old graybeard, Dr. John H. Rauch. What he would not practically illustrate in the way of strategy and tactics in the presence of superior numbers wouldn't be worth hunting up; and then, again, he would be so dreadfully stupid as never to know when he was respectably defeated. The man who has any doubts about this is referred to that set of men who attempted to run a medical college on a skimmed plan, or to practice medicine in the State of Illinois under false pretenses. They all know him, and not a solitary man will utter the quiz, Who's John H. Rauch?

CHOLERA.—This dread scourge, that has its natural habitat in the jungles of the Ganges in India and in the lowlands of Siam, periodically sends forth its germs to spread the horrors of its infection in other parts of the world. The

telegraph brings us word of an outbreak in Turkey and another in Valencia, Spain.

Sanitary and quarantine regulations are now so effective in the restriction of its spread that it is not likely to find opportunity to get beyond the confines of the places of its primal outbreak. We certainly have little to fear from its spread to the shores of our land.

YELLOW FEVER.—This scourge of our American tropics is showing its teeth at a very early date. The disease is no doubt prevalent in Yucatan, while the report of cases in New Orleans arouses our national authorities to the taking of measures that will restrict it to the places of outbreak. The national government has a vigilant quarantine service in its Marine Hospital Corps. Surgeon-General Hamilton is awake to the necessities of the occasion, and has already taken all necessary precautions to prevent an extended epidemic. There is apparently no possibility of an outbreak north of the Ohio River.

SANITARIANS are sometimes hooted at as unnecessary alarmists, but the fact stands out in bold relief that they are the men of nerve, who intelligently and successfully cope with preventable diseases and stop their mad progress, with a bidding of thus far shalt thou go and no farther. When we recall the history of the scourges of fifty to a hundred years ago, and even of more recent date, we are ready to sing peans of praises to sanitary science as developed in the last half of the nineteenth century.

THE seventeenth annual session of the Mississippi Valley Medical Association will be held at Louisville, Ky., October 8, 9 and 10, 1890. The meet-

ing promises to be one of great social and scientific interest, as the profession of Louisville are making every effort to have it a success. Ladies accompanying physicians will be made especially welcome. Gentlemen desiring to read papers will send titles of the same to the Secretary, Dr. E. S. McKee, Cincinnati, O.

ACADEMY OF MEDICINE.—

Monday, June 23, Dr. A. GRIMM will report a case of "Rectal Disease;" Dr. GILES A. MITCHELL will also read a paper.

Obituary.

HOWARD CULBERTSON, M.D.

Dr. Howard Culbertson, Assistant Surgeon U. S. A., Retired, died at his home in Zanesville, O., June 18, aged sixty-two years.

The deceased was born February 24, 1828, at Zanesville, and was the son of Rev. James and Eleanor Culbertson; he received a classical education and at once began the study of medicine, attending the prescribed courses of lectures at the Jefferson Medical College. He was graduated from that institution in the class of 1850. Returning to Zanesville he at once opened an office and began his life work as a practitioner of his profession.

In 1862 he entered the United States Army as a surgeon of volunteers, serving in the western army with considerable distinction, being mustered out of the volunteer service at the close of the war in 1865 and receiving the brevet rank of Lieutenant-Colonel. He at once went before the U. S. Army Board, was examined and commissioned as an Assistant Surgeon in the regular army, serving at different posts on the Mississippi or its tributaries, where he was several times prostrated with intermittent and bilious fevers, until in January, 1869, he was so broken down physically as to be honorably retired by the War Department "for disease incurred in the line of duty."

Dr. Culbertson attained merited distinction as a writer. In 1862 he wrote the prize essay of the Ohio State Medical Society, "On the Use of Anæsthetics in Midwifery." In 1876 he read the prize essay of the American Medical Association, "On Excisions of the Larger Joints of the Extremities." This was a work of 700 pages, and is a standard authority on this subject. A paper entitled "Experiments to Determine in what Manner Chloroform Produces Death" received its highest endorsement in the confirmatory report on the same subject by the famous Hyderabad Commission. The Commission added nothing whatever to his conclusions. "The Mersham Probe" (his own invention), "Diphtheria and its Treatment," "Waste and Repair of Organized Bodies," "Are there One or Two Syphilitic Poisons?" "A Mode of Distinguishing Paralysis of the Ocular Muscles," "Treatment of Incipient Cataract by Medicines," and a number of other papers were written by him, nearly all of which were contributed to the pages of the LANCET-CLINIC.

Dr. Culbertson had much of the genius of invention, as displayed in a number of designs of surgical and optical instruments, some of the latter being quite complicated and of great scientific value.

EPILEPSY OF THIRTY YEARS' STANDING.
—In an old case of epilepsy of thirty years' standing, I used Peacock's Bromides with marked success and decided benefit. Patient had had from three to six seizures usually in twenty-four hours, under the use of Peacock's Bromides the patient is almost entirely free from further attacks, and otherwise generally improved.
J. S. BRUNNER, M.D.

Bay Port Fla.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,

Curators and Microscopists.

Are prepared to make examinations of river water, etc., for the typhoid bacillus.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases
for week ending June 14, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Deaths.	Cases.	Deaths.	
1.....	11	..	..	..	..	1	..	..	..	..	..
2.....	..	..	..	..	..	..	..	..	..	..	..
3.....	..	..	..	..	..	..	1	1	..	..	..
4.....	..	..	..	..	..	..	..	..	..	..	..
5.....	..	..	..	..	..	..	1	..	..	..	..
6.....	..	..	..	..	..	..	..	..	1	..	..
7.....	..	..	..	..	..	..	..	..	..	..	..
8.....	..	..	..	..	..	..	..	..	..	..	..
9.....	1	..	1	..	..	..	..	..	..	..	..
10.....	1	..	..	..	..	..	1	..	..	..	..
11.....	1	..	..	..	..	..	..	..	..	..	..
12.....	1	..	..	..	..	..	..	..	..	..	..
13.....	4	..	1	..	..	..	1	..	1	..	..
14.....	..	..	..	..	..	..	..	..	..	..	..
15.....	..	..	..	..	..	..	..	..	..	..	..
16.....	..	..	..	..	..	..	..	..	..	..	..
17.....	..	..	1	..	1	..	..	..	..	..	..
18.....	..	..	..	..	..	..	..	..	..	..	..
19.....	..	..	..	..	..	..	2	1	..	..	..
20.....	..	..	1	..	..	..	..	..	..	..	..
21.....	..	..	..	..	5	..	3	..	..	..	..
22.....	..	..	..	..	..	..	..	..	..	..	..
23.....	2	..	1	..	..	..	..	..	1	..	1
24.....	..	..	1	..	..	..	1	..	..	..	..
25.....	..	..	..	..	..	..	..	..	..	..	..
26.....	1	..	..	..	1	..	..	..	..	..	..
27.....	..	..	..	..	..	..	1	1	..	..	..
28.....	1	..	1	..	..	..	..	..	..	..	..
29.....	..	..	..	..	..	..	1	..	..	..	..
30.....	..	..	..	..	..	..	..	..	..	..	..
Cin. Hosp.	..	..	..	..	..	..	..	..	..	..	..
Good Sam. Hosp.	..	..	..	..	..	..	..	..	..	..	..
Totals	23	..	7	..	7	1	12	3	3	..	1	
Last week.	17	2	7	..	7	..	17	7	1	..	1	

The following is the mortality report for the week ending June 14, 1890.

Alcoholism.....	1
Croup.....	1
Cholera Infantum.....	7
Diarrhoea.....	3
Diphtheria.....	3
Enterocolitis.....	3
Erysipelas.....	2
Typhoid Fever.....	3
Whooping-Cough.....	1
Other Zymotic Diseases.....	0—24
Cancer.....	3

Consumption	16
Other Constitutional Diseases.....	2—21
Bronchitis.....	5
Convulsions.....	4
Enteritis.....	3
Gastritis.....	4
Gastro-Enteritis.....	1
Heart Disease.....	1
Liver Disease.....	1
Meningitis.....	9
Nephritis.....	1
Peritonitis.....	1
Pneumonia.....	10
Other Local Diseases.....	19—60
Deaths from Developmental Diseases.....	19
Deaths from Violence.....	11
Deaths from all causes.....	135
Annual rate per 1,000.....	21.12
Deaths for corresponding week of 1889....	114
Deaths for corresponding week of 1888....	108
Deaths under 1 year.....	43
Deaths under 5 years.....	62

J. W. PRENDERGAST, M.D.,
Health Officer.

HEALTH BULLETIN.

Infectious diseases reported to health officers in 50 cities and towns during the week ending June 13, 1890:

Diphtheria: Toledo, 13 cases, 3 deaths; Cincinnati, 12 cases, 3 deaths; Chillicothe, 6 cases, 1 death; Lima, 5 cases, 2 deaths; Cleveland, 4 cases; Dayton, 3 cases, 1 death; Wellington and New Vienna, each 2 cases; Mt. Vernon and Findlay, each 2 cases, 1 death; Columbus and Bloomville, each 1 case.

Scarlet Fever: Cleveland and Cincinnati, each 7 cases; Columbus, 5 cases; Springfield, 4 cases; Toledo, 3 cases; Fremont, 2 cases; one case in each of the following places: Ironton, Piqua, Sandusky, Defiance, South Charleston, New London, Kent, Youngstown, Chillicothe, and Dayton.

Typhoid Fever: Cleveland, 10 cases, 7 deaths; Cincinnati, 3 deaths; Findlay, 2 cases; Winchester and Lorain, each 1 case.

Whooping-Cough: Cincinnati, 7 cases, 1 death; Oak Harbor, Versailles, Rawson, and Bloomingburg, each 3 cases; Columbus, 1 death.

Measles: Cincinnati, 23 cases, Springfield, 12 cases; Felicity, 11 cases; Salem, 9 cases; Chicago, 8 cases; Youngstown, 7 cases; Conneaut, 6 cases; Lorain, 5 cases; Winchester, 5 cases; Versailles and Arcanum, each 4 cases; Wellington, and West Jefferson, each 2 cases; Norwalk and Ironton, each 1 case.

The following towns report no infectious diseases present: Ada, Ashley, Brookfield, Beverly, Cedarville, Chester Hill, Fostoria, Millersburg, New Richmond, Springboro, Smithville, West Liberty, and Wabash and Pike townships.
C. O. PROBST, M.D., Secretary.

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

Bibliography.

LECONS DE GYNECOLOGIE OPERATOIRE.

Par VULLIET, Prof. a la Faculte de Medecine de Geneve, etc., et LUTAUD, Prof. libre de Gynecologie a l'Ecole pratique, etc., Paris. Deuxieme edition entierement refondue, avec 200 figures intercalus dans la texte. Paris: A. Maloine, Libraire-editeur, 1890.

It is no more than a year ago that we called attention to this work, which then appeared in its first edition. We then expressed our opinion at some length regarding the excellencies of this textbook, which was destined to take the place for France in operative gynecology and be what Hegar and Kaltenbach has been for the German, and what Sims, the precursor of them all, was for American and English readers. The early appearance of a new edition shows that this text-book has filled a long-felt hiatus in French operative gynecology.

The recent advances made in some departments of gynecological surgery are duly noticed. New illustrations have been added to take the place of some of the old ones, whilst others are entirely original. The number of chapters has been increased from twenty-three to twenty-five, made necessary by the introduction of a new chapter on the palliative treatment of fibro-myomata (by Vulliet), and one on the general treatment of sterility (by Lutaud). But every other chapter likewise bears the stamp of close revision by the authors.

The work is up to the day in all its details, and will certainly be an indispensable guide to every operator in France who is not in possession of foreign sources. It need not be stated that, in addition to this, it is a faithful recorder of all advances recently made in this department in its own country.

W. H. W.

HOW TO EXAMINE FOR LIFE INSURANCE.

By JOHN M. KEATING, M.D.

This book compares very favorably with other works upon this subject. Without endeavoring to produce any-

thing new, the author has succeeded in presenting a plain, practical manual, which is sufficiently instructive to recall to mind all the important points in relation to physical diagnosis that are likely to be of value to an examiner. Part I. bristles with hints as to the avoidance of the annoyances which the examiner is liable to, and with suggestions which, if followed, will certainly accrue to the interests of the medical man and agent.

G. A. F.

CHRONIC BRONCHITIS AND ITS TREATMENT.

By WILLIAM MURRELL, M.D.

In this small book, which is a clinical study of chronic bronchitis and winter cough, we have offered to us a record of cases and a result of various methods of treatment, including the ipecacuanha and other sprays, tar and its allies, pure terebene and its allies, cheken and cubebs, chloride of ammonium inhalations and fuming inhalations. The treatise is certainly of great practical value to those who meet with a large number of cases as described in the book.

G. A. F.

HOW TO PRESERVE HEALTH.

By LOUIS BARTAN, M.D.

This is intended to be a book for the laity. For this purpose it is admirably adapted, in so far as it goes to correct a large number of false impressions that prevail amongst the people. Chapters on the prevention of disease, on hygiene and food, will be found especially interesting to those who desire to take but a cursory view of such important subjects.

G. A. F.

NEURALGIA.

By E. P. HURD, M.D. Paper, 25 cents; cloth, 50 cents.

This latest addition to the Physician's Leisure Library consists of a systematic arrangement of the modern views entertained as to the causes, diagnosis, prognosis and treatment of the affection. The author has succeeded well in condensing into one small volume all matter that would be of importance to student or practitioner.

The subject is treated in a plain and clear style, and none of the chapters are so profound as to be not easily fathomed by a first-course student.

G. A. F.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE: With Sterility and Impotence.

By DR. R. ULTZMANN. Translated by GARDNER W. ALLEN, M.D. 12mo., pp. 160. Philadelphia and London: F. A. Davis.

To those interested in the subject these two monographs will be welcome. Being by Ultzmann, they are complete and reliable. The translation is in every way satisfactory.

W. S. C.

INEBRIETY: Its Etiology, Pathology, Treatment, and Jurisprudence.

By NORMAN KERR, M.D., F.R.S. Second edition. London: H. K. Lewis.

Dr. Kerr is a master of his subject, and an enthusiast. His statements are convincing. The first edition established the reputation of his work, and the second will unquestionably spread it.

W. S. C.

ON THE ANIMAL ALKALOIDS: The Ptomaines, Leucomaines, and Extractives in their Pathological Relations.

By SIR WM. AITKEN, Kent., M.D., LL.D., F.R.S. Second edition. Philadelphia: P. Blakiston, Son & Co.

This is a book which is up with the times. It is not chemistry as generally understood, but applied chemistry. It discusses the relations of the animal alkaloids to pathological processes in such a manner that a physician can understand them without being provided with deep chemical learning. The profession needs this book.

W. S. C.

TEXT-BOOK OF MEDICAL CHEMISTRY: For Medical and Pharmaceutical Students and Practitioners.

By ELIAS H. BARTLEY, B.S., M.D. Second edition, revised and enlarged. Philadelphia: P. Blakiston, Son & Co.

After discussing chemical physics, the book devotes twenty-four pages to

theoretical chemistry. It then considers the individual elements and their principal compounds, particular reference being had to those of interest in medicine. The four pages devoted to ptomaines and leucomaines are disappointing. The frequency with which the physician makes use of Trommer's test would lead one to expect a full explanation of it in a medical chemistry. The directions for making the test are, however, limited to a few lines, and to perform the test as described will result in frequent disappointment. w. s. c.

CANCER AND ITS TREATMENT.

A new era in what may be called "Magazinism" may be said to have begun when we find the pages of an important monthly review devoted to advertising a purveyor of medical nostrums. In the *National Review* for the current month there appears an article entitled "A Visit to Count Mattei," the writer of which signs herself "Wally Paget." The fascination for matters medical which seems to affect a certain number of persons, whom nothing delights more than to try their 'prentice hand at dabbling with, is marvellously illustrated in the article in question. In the first few lines occurs the following statement; "*For an amateur in medicine it would, of course, be absurd and impertinent to propose a cure for cancer where it already exists.* I felt therefore at once that the only line I could take was to advocate prevention." The italics are ours, but in view of these assertions, it seems scarcely fair to criticise further the succeeding observations to which the writer gives expression in the course of her contribution. We will therefore mainly confine ourselves to the account of the description of Count Mattei's "cures" for cancer, which was the outcome of a visit the writer specially made to the gentleman in question. We learn that "Mattei's medicines are forbidden in Austria"—presumably by the Austrian Government—"and though some doctors practice with them, it is almost impossible to buy them." It is interesting to know that Count Mattei—

although over eighty—is a man apparently not over fifty, very upright, dressed like anybody else, and with a benign and genial expression on his face. His manners, too, it is satisfactory to learn, "are those of a man of the world and a perfect gentleman." A whole list of questions he answered with great frankness and decision. Rapidly coming to business, he stated that he advocated a constant use of "*scrofoloso giappan*," one of his latest discoveries, a combination of *scrofoloso* and *febrifugo*. "He said it combats most effectually what Hahneman called the *psora*, and gives strength and power of resistance to the tissues." We are informed that the venerable count is himself a most encouraging example of the results, for at eighty-two he looks like fifty, has all his teeth, eats and drinks and sleeps excellently well without ever taking any exercise. With every meal he puts half a dozen grains of *scrof. giap.* in his wine or coffee, but the real secret apparently is to put a globule in a large glass of water, and drink it in the water in small gulps during the day. He had naturally many stories to tell of the "almost miraculous" cures which he had effected. As a sample of these he produced two photographs of a boy, æt. eighteen. "*The first a huge, scarcely human monster, who looked as if he had elephantiasis and leprosy both, and was about seventy-five years old; the second, after the cure, a thin and nice-looking boy of fifteen or sixteen.*" Again, we must plead guilty to the italics. It appears that Count Mattei's medicines, although used in the form of globules, must by no means be confounded with homœopathy. His principle is quite different; the principle and secret of his system is that the oftener one of his globules is swallowed the oftener an "imperceptible electric shock" is received by the patient. Presumably it is this imperceptible electric shock which works such marvellous changes, and makes boys of apparently seventy years of age dwindle down rapidly to sweet fifteen or sixteen. The writer speaks of Count Mattei's cures as *almost* marvellous; under the circumstances we

should feel inclined to use a much stronger expression. The "cures," indeed, appear to us to be nothing less than marvellously extraordinary! Count Mattei, it seems, does not solely rely on globules. He possesses a stock of "blue electricity," "which used as a compress stops bleeding of every kind, even that of arteries." The writer herself has had experience of its wonderful properties. She says: "I myself cured with it in three days a disfiguring enlargement of the veins under the eye, of several years' growth, which three doctors, amongst whom one of the greatest celebrities of the day, had declared could only be removed by excision, a rather difficult operation, which, no doubt, would have left a mark." After this convincing testimony in its favor, "blue electricity" should become popular both with the profession and the public. The real business of the visit we gather was transacted "over a box of Genoese sugar plums;" the inference, therefore, is that in the absence of any more powerful intoxicant, the interview was quietly and serenely conducted, Count Mattei has certain decoctions which are useful in themselves, but "his great secret is the fixing of electricity in these decoctions; this secret nobody knows, not even his adopted son, and when the medicines are thus prepared by other hands, he puts the supreme and finishing touch himself." From these few extracts that we have made of the article, those of our readers who have not seen it will be able to gather something for their delectation. Already some poor sufferers from cancer in this country who are beyond surgical relief, have begun to cling with hope upon life at the prospect of what Mattei's decoctions will be able to do for them. This is undoubtedly the saddest side of the picture—the victims of advanced cancer expecting, as it were, a free pardon from their awful malady, and finding that not even a respite can be given them. The public may take it as a scientific fact, that such a thing as a cure for cancer is quite unknown. According to our present knowledge there is no cure for cancer. The nearest approach to what may be considered

"cure" belongs to the procedures adopted by the surgeon by means of which the whole disease is removed. We cannot point to any single drug, medicament, or concoction, which has any influence in arresting the progress of malignant disease; neither have we any reason for supposing that electricity, which is being tried in the treatment of cancer of the breast, will prove of any service, or at all events ever give results which would be such as to satisfy a jury of professional experts.—*Med. Press and Circular.*

IMPURITIES UNDER FINGER-NAILS.

The progress of bacteriology has shown that aseptic surgery means scientific cleanliness; the same lines of investigation show how very dirty people can be. Seventy-eight examinations of the impurities under finger-nails were recently made in the bacteriological laboratories of Vienna, and the cultivations thus produced showed thirty-six kinds of micrococci, eighteen bacilli, three sarcinæ, and various varieties; the spores of common mould were very frequently present. The removal of all such impurities is an absolute duty in all who come near a parturient woman or a surgical wound. It is not enough to apply some antiseptic material to the surface of dirt; the impurity must be removed first, the hand antiseptized after. Some physicians, when intending to drain dropsical legs by acupuncture or other methods, are very careful to use antiseptic dressings, and in such cases have the feet and toe-nails purified and rendered aseptic as far as possible. It is sometimes said that the scratch of a nail is poisonous. There is no reason to suspect the nail tissue; it is more likely the germs were laid in a wound from a bacterial nest under the nail. Children are very apt to neglect to purify their nails when washing hands; and this matter is not always sufficiently attended to among surgical patients. Personal cleanliness is a part of civic duty, and, as Dr. Abbott well expressed the matter in his address to teachers, should be taught to school children and

insisted on in practice. The facts we have recorded might well form the text for a school homily, especially when any epidemic was in the neighborhood.—*British Med. Journal.*

TRANSMISSION OF WATER POWER BY ELECTRICITY.

A writer in the *Overland Monthly* (Alvan D. Brock) describes a remarkable instance of the possibilities in the way of utilizing water-power and its electrical transmission to points at a distance from its source. At the Nevada Mill, Comstock Lode, there is a ten-foot Pelton water-wheel, which receives water through a pipe-line delivering water from the side of Mount Davidson under a head of 460 feet, giving 200 horse-power. Here the water is again caught up, delivered into two heavy iron pipes, and conducted down the vertical shaft and incline of the Chollar mine to the Sutro Tunnel level, where it is again delivered to six Pelton water-wheels, this time under a head of 1,680 feet. Each wheel is but forty inches in diameter, weighing 225 pounds; but with a jet of water less than five eighths inches in diameter they develop 125 horse-power each. On the shafts, which revolve 900 times a minute, are coupled six Brush dynamos, which generate the current for the electric motors that drive the stamps in the mill above ground. The result is that, where it formerly took 312 miners' inches of water to operate thirty-five stamps, but seventy-two inches are now required to run sixty stamps. This is the most enormous head of water used by any wheel, and by itself constitutes an era in hydraulic engineering. A solid bar of iron thrown forcibly against this tremendous jet rebounds as though it had struck against a solid body instead of a mobile fluid. The speed of this jet, where it impinges against the buckets of the wheel, is two miles a minute—176 feet a second. The wheels in the Chollar mine give out one horse-power for every 1.8 pounds of weight.

REDUCED rates are *only* for those who pay *in advance*.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

ONE OF DARWIN'S CONQUESTS.—One day this illustrious British savant received a long letter written in German and containing a most sentimental effusion to the author of the "Origin of the Species," closing with an offer of marriage. The lady also enclosed a photograph of a maiden of uncertain age, with dreamy eyes, and the features of an ordinary blue stocking of the Teuton variety. Darwin was about to throw the missive in the waste basket, when one of his intimate friends entered, and hearing of the letter, asked to have it. The friend of Darwin then opened a correspondence with the romantic German old maid. He indulged in the most heated and passionate epistles, and always signed Darwin's name. But, one day she insisted that Darwin should marry her immediately, and the naturalist, learning of the particulars of the joke, sat down and enclosed the lady the following note: "My dear Miss X. This note encloses my photograph, an image, alas! only too flattering of the one you claim you will love for life." He then sent the picture of an enormous monkey hanging from a tree by its tail. When the German lady received this letter she discontinued the correspondence. Who could blame her?

* * *

COULD NOT LAUGH AT HIMSELF.—When the famous actor, Dominique, who played the part of Harlequin, at the "Comedie Francais," went to consult the great physician, Sylva, the latter, who did not know the comedian except by reputation, observed: "I know not a better remedy for your melancholy than to have you go to the theatre often and see the play of Harlequin. The wit and gayety of Dominique will turn your tears to laughter."

The actor started up and said: "This remedy will do me no good. I am the only person in Paris who cannot take your advice."

"Why?" queried Doctor Sylva.

"Because," said the comedian, "I am Harlequin, and cannot enjoy laughing at myself."—[*Guerard*.]

* * *

AN ENGLISH MEDICAL CHESTNUT.—The Duchess of Marlborough insisted on her husband taking medicine. The glorious General made a very wry face. "Ah," said the Duchess, with her habitual high temper, "I'll be hanged if it don't do you good." Then said the celebrated Doctor Garth, who was standing by: "Take it, my Lord, in either case you will be the gainer."

* * *

MISTAKE AS TO CEREBRAL MATTER.—Col. M. was wounded on the head by a blow from the butt of a musket at the battle of Rochelle, and the surgeon to whom he was carried said that the wound was very dangerous, and that he could see the brain oozing out. "Ah! you must be mistaken," exclaimed Col. M. in a triumphant voice, "but if it be true, take some of my brain and send it to Cardinal Richelieu. He has told me a hundred times I had none."—[*Journal de Paris*.]

* * *

A SOLID GOLD SYRINGE.—The Countess de Maure constantly used rectal injections for some intestinal complaint. One of her relatives died and left a solid gold syringe for the Countess. It was owing to this circumstance that Madam de Rambouillet remarked: "What good luck for the Countess de Maure. Her legacy comes in the very shape she most desires."—[*Tallemant des Rèaux*.]

* * *

DOCTOR CHIRAC AS A FINANCIER.—The great Chirac was once called to see a noble lady who was very ill. During the time he was in her chamber, somebody entered the room and remarked that Law's bonds were falling rapidly. Doctor Chirac was a large speculator in the Mississippi bubble, and was feeling the patient's pulse when the news arrived. Hearing the startling

statement, he said to himself absently: "Going down! going down! down! down!" The lady screamed aloud: "Ah! hear what Chirac says. I am dying! He says I am losing my pulse." The doctor started up suddenly, exclaiming: "Be calm, madam! Your pulse is all right. I was only speaking to myself of my Mississippi bonds on which I have already lost a fortune." The lady recovered her health, but Chirac lost his ducats on the South Sea bubble.—[*Correspondence of the Duchess d'Orleans*.]

* * *

EXTRACTS FROM DOCTOR GREGOIRE'S DICTIONARY.—Anthrophagia: A philanthropist who goes too far.

Apoplexy: The capital prize in Life's lottery.

Appetite: A gallantry of Nature that permits us to mistake want for pleasure.

Arm: The brain of the majority.

Bigotry: The epilepsy of devotion.

Blindness: An infirmity that never kills love.

Breeches: Garment put on men and worn by women.

Blushing: Exceptional faculty; the more it's exercised, the more it is decreased.

Corset: A mammary bird cage.

Cotton: Second nature—to some women.

Dessert: At breakfast we eat in order to live; at lunch we eat in order to eat; at dinner we have dessert in order to drink.

The Ear: A stable door for flattery; a needle's eye for the truth.

Existence: A condemnation to death.

Fanaticism: A malady of faith.

Guts: The hog in the body.

Hearing: Second cousin to listening.

Idiot: An imbecile who promises and keeps his word.

Joy: The counter expression of sorrow.

Nerves: The special property of womankind.

Onion: Gland—the lachrymal.

Order: The health of the people.

Pericardium: A membranous sac in which the heart, the seat of every affection, is lodged.

Reformer: A doctor who often mistakes his own pulse for that of his client's.

* * *

EPISODE IN A PRACTITIONER'S LIFE.—A medical celebrity who has his origin in the porter's room, most often climbs to the parlor floor, and from thence all over an apartment house, until soon his fame extends throughout the entire district. I started practice in this way. I made a friend of the Concierge, who had an attack of epistaxis and recovered perfect health. Of course my reputation as a doctor, who could stop nose bleeding, was rising. I had saved the Concierge's life, and fortune was about to smile on me. The whole neighborhood had its curious eyes on me. In a few days I had three clients—one a very rich woman, who was unfortunately very fat and often needed bleedings. The rich woman said to me: "I need not speak of the honorable mention your Concierge makes of you, and have discharged my old doctor in order to employ one younger and more famous. The society of the neighborhood always follows the fashion I set, and you will now obtain, through my influence, as good a practice as one need have in Paris."

I had often heard my old friend and preceptor, Dr. Roux, remark that a bleeding always made him feel uneasy, and this uneasiness commenced in me when my new client bared her arm for the operation. She had a critical eye, too, and had been bled so often that she was an expert witness. I summoned up all my courage and assumed an air of dignified calmness, and she poured out my praises with her nimble tongue. I plunged the lancet into her arm firmly and boldly, as I had been instructed, but not a drop of blood flowed. I had missed the vein. I plunged it in again, but the sanguine fluid failed to appear. Then what a change in the scene ensued. "What a bungler you are!" screamed my wealthy client. "My God! don't stick me again! You have maimed me for life, you stupid thing! Why, the most awkward apothecary or barber in the quarter can do better than that. Leave my room at once!" Then

she ordered her servants to call in her old doctor, and I departed a sadder and wiser man.

The day of my grandeur had been no more sudden than my professional decadence. All my air castles had vanished. I was humiliated and in despair, and entered my humble office feeling that suicide was the best remedy in my case. But I suddenly summoned up moral courage and called in my office boy Justin, whom I afterwards secured a position at the opera house. "Justin!" I exclaimed, "I shall never practice medicine again, not even bleeding, and if any one calls for my professional services, tell them I have retired from practice."—[Dr. Veron, *Memoirs of a Citizen of Paris*.]

* * *

AN UNFORTUNATE OPERATION.—In 1842, when the operation for strabismus was making a great noise in the medical world, a young woman with an ardent passion and a lively imagination was engaged to a young man who was cross-eyed. This man, never doubting that his *fiancee* would be better pleased with his face if his strabismus were corrected by an oculist, was operated on and fully recovered from his deformity. Alas! as soon as the young lady saw her lover thus changed in appearance, she uttered a scream of grief and alarm, and in spite of all explanations refused to marry him, her love being dead. The marriage was broken off, as she said she never could love nor wed any but a cross-eyed man.—[*L. Cerise*.]

* * *

A CHOLERA DUEL.—A Kentucky journal once spoke of a duel that occurred in an American town called Owensboro. A young man named Tracy hated another man named Spright who was paying attention to a female relative, and challenged him to mortal combat. He cared not whether the weapons were bowie knives or Colt's revolvers. Spright, having the choice of weapons as the challenged party, decided to meet his enemy at the rendezvous. Time and place were named, and Tracy appeared on the ground with a pair of duelling pistols. The cholera was raging at that period in Owensboro,

and Spright cast a disdainful glance at his enemy's pistols, and, to the great astonishment of the seconds and a few spectators, he pulled from his pocket four enormous green cucumbers. "Here are my weapons!" exclaimed he triumphantly. "The cholera is raging; one of us must die surely after eating these cucumbers. Take your weapons, Tracy," and with this remark he handed his opponent two of the green vegetables to eat. But Tracy, alas! seeing only death in cucumbers, dropped his duelling pistols and fled from the field. —[Colombey, *Anecdotes of Duelling*.]

A FALL WITHOUT SERIOUS CONSEQUENCES.—One morning a Paris actress, a beautiful woman, well known to frequenters of comic operas, rode out in the Bois de Boulogne, when her horse suddenly shied and threw the lady, who fortunately fell in a sitting position, but on a very stony and rough road. She was carried in a private room in a neighboring café and a physician summoned, who, on examination,

found only a few severe bruises on the glutei muscles. He told the actress that she could take her meals standing for a few days, and added maliciously: "This accident will not prevent you appearing low necked (*décolleté*) at the theatre, madam."

PLEASANTRIES.—It was the physician Bouvard who responded to Bishop Terray when the latter complained that he was suffering the tortures of the damned: "What! *already*, Bishop?" On another occasion someone said to Bouvard: "Well, B. is dead, in spite of the promise you made to cure him." "Ah!" said the doctor, "you were absent, and did not see the progress of the case. B. *died cured*."

ABSURDITIES.—All doctors are socialists, as they believe in the labor movement; that is, among women.

The height of fecundity is to conceive inquietude and engender melancholy.

[TO BE CONTINUED.]

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD will be sent to any physician, free of expense, upon application.

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Original Articles.

A CASE OF HÆMATOMA OF THE OVARY FOLLOWING CHRONIC CATARRHAL SALPINGITIS:

WITH OPERATION AND RECOVERY.

A Paper read before the Forty-Fifth Annual
Meeting of the Ohio State Medical
Society, held at Columbus, O.,
June, 1890,

BY

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American Medical Association; British
Medical Association; Honorary Member
D. Hayes Agnew Surgical Society, Phila.;
Texas State Medical Society, etc., etc.

On the evening of October 3, 1889, a rather tall, slim built, brown haired, blue-eyed, wirey-looking girl of twenty-three, called on me at my office, for the purpose of a consultation. She informed me she had been a sufferer from pain and tenderness in her right side for the last seven years, with frequent paroxysms of severe pain, associated with more or less vaginal discharge and aggravation of the pain during the menstrual period, with increased tenderness over the region of the right ovary. She told me she had consulted and been under the treatment of some fourteen or fifteen different doctors, and that during the past seven years she had been dosed and teaed, blistered and physicked, painted and rubbed, poulticed and baked, "world without end" *ad lib.*, besides having been treated by a professional gynecologist, who fussed for weeks with her os uteri, vainly striving to relieve her. She afterwards went to

an oculist, who imagined that he had discovered all her difficulty in some ocular defect, and in accordance with his belief, prescribed a pair of glasses, which he assured her would soon bring the desired relief, and in addition advised her to wear her clothing very loosely around the waist. But notwithstanding all this, to which I should add the use of "pow-wowed paper," worn over her abdomen, all failed to restore her health, but on the contrary she gradually grew worse, until the pain at her menstrual period became almost unendurable, saying nothing of the constant soreness and irritation, which kept up in the region of the right ovary all the time, which was followed by loss of appetite, nervous irritability and emaciation, the legitimate results of her miserable condition.

It did not take long to discover by her simple story that the seat of her difficulty was located somewhere in the reproductive organs of the right side, and consequently I requested an examination of the same to more fully diagnose her case.

On making this examination I discovered an enlarged and thickened fallopian tube, a slightly enlarged and tender ovary, and diagnosed chronic ovaritis, associated with and probably the result of chronic catarrhal salpingitis.

From her story I concluded that she had been through the principal part of "the flint mill," so far as medical treatment was concerned, as she had undoubtedly swallowed gallons of medicine; had had her os uteri painted and cauterized; had been blistered over the ovary of the right side with iodine and cantharides; had been ordered to work and take plenty of exercise, and indulge in absolute quiet as well as long walks

and carriage rides; and by one doctor was fed on cod-liver oil and painted over the chest with iodine for the last stages of phthisis, and yet was still alive to tell the tale; that now it was in order for *me* to do something else.

I told her that in my judgment, an operation for the removal of the ovary and appendages of the right side, as well as the left, if the latter was found to be diseased was the only rational treatment left for her which would insure a reasonable chance of recovery.

Not having had this side of the picture presented to her before, she naturally recoiled from the idea of an operation, and wanted to know if I could not think of something else that could be tried before she submitted to an operation. I had just been reading some picturesque stories of wonderful cures accomplished by some of our electrical specialists, who, by the touch of the electrode had accomplished, as if by the wand of the magician, mysterious cures of terrible diseases; and I at once arrived at the conclusion that now was *my* chance to immortalize myself with the therapeutic use of caged lightning in this stubborn and unyielding case; and by the aid of this subtle power, gain great renown; and accordingly suggested to her that we might *try* the use of the battery. She willingly submitted, with the understanding that if after a fair and honest trial of this line of treatment it failed to give relief, she would submit to operation.

Accordingly, we commenced by placing the positive, or anodine and styptic pole in the cavity of the uterus, while we played with the negative, or caustic and absorbent pole along the line of the fallopian tube and over the region of the ovary. This treatment was kept up diligently two or three times a week from October 7th, 1889, to November 24th, 1889, occasionally reversing the currents by exchanging the poles; from which our patient received no benefit, but gradually grew worse.

The wonderful cures alleged to have been accomplished by others through the agent of currents and counter currents of electricity in diseases of the

generative apparatus failed to put in their appearance in *this* case, as well as others of a similar character in the author's experience, and after what I did and had obtained, in *this* case especially, I felt like repeating the words of my illustrious classmate, Dr. Joseph Price, of Philadelphia, that I want to see and "demand of the electrical claimants to furnish proof of their results" before I can place confidence in the electrical treatment of this class of disease.

My patient was no less disgusted with the treatment than I, and was about ready to decide on an operation, when her friends insisted on her going to Cleveland and consulting Prof. Gustave C. E. Weber, M.D., L.L.D., of No. 161 Prospect street, and get his opinion of her case before finally submitting to the ordeal of an operation. I of course consented to this with pleasure, and gave her a letter of introduction to the doctor, giving him a brief history of her case, stating my diagnosis and announcing the proposed operation, and requested him to make a careful examination and return me his *written opinion and advice*.

He made the examination and *charged* the patient for his *written opinion and advice*, which he *promised* to send by the following mail; but, notwithstanding the patient has written for the same and sent messengers to his office, who saw him in person, to obtain it, he has just as strenuously avoided to comply with the agreement he had been paid for in advance; but he was very careful to announce to the patient before she left him that there was nothing of the kind the matter with her, that she should not submit to an operation, as it was uncalled for, but that she should go home and go to bed and stay there for four months, and that he thought she would get up well; if not, however, and an operation *was really necessary*, that she should go to some surgeon who had *experience*, that there were doctors in every little town in the country nowadays, who were posing as surgeons, but that they were not to be trusted with the lives of the patients they were trying to cure by their operations.

Well, it is scarcely necessary for me to add that when I received this message from my patient in return for the most cordial and courteous letter I had sent this doctor, who lives in high places and fares sumptuously every day, I not only felt astonished and chagrined, but entertained a sort of a hyperasthetic feeling, as though some fellow had stumbled and fell all over me. After gathering up the pieces, however, and making another examination of her case I mustered up courage enough to whisper in asperitic tones that I believed I was still right, notwithstanding the *learned* man's opinion and advice to the contrary.

The patient continued to grow worse, and consequently I called Dr. J. W. Craig, of our city, in council with me, who concurred in my opinion and confirmed my proposed treatment, to which the patient willingly submitted, and on December 11, 1889, assisted by Drs. J. W. and J. H. Craig, in the presence of Dr. G. W. Baughman, I operated upon the patient and found a hæmatoma of the right ovary, which by this time had attained the size of an ordinary turkey egg, whilst the walls, as you will see by the accompanying specimen, although now considerably thickened by the effects of alcohol, were almost as thin as tissue paper in places, and nearly ready to burst on the slightest provocation, and in fact did burst in spite of all the care we could take while removing it, allowing the bloody contents to escape; you will observe the ovary proper has been almost completely absorbed, while the sack has extended into and between the folds of the broad ligament and reached almost to the uterine walls. The fallopian tube you will notice is very much thickened and contorted from long-standing catarrhal inflammation, whilst the lumen corresponding with the isthmus is almost obliterated. There were no sacks in the fallopian tube, however, neither did it contain pus, but on being squeezed exuded a small quantity of thick mucus. The tumor, which was not adherent, contained nothing but unclotted, thin, dark, watery blood, which, although having undergone

some slight changes, could not be considered as decomposed.

The operation was performed antiseptically, and the patient made an uninterrupted recovery; the pulse never exceeding 95, and the temperature 99° F., whilst she really did not lose a meal or a night's sleep, the tongue keeping clean and the bowels regular during her entire recovery. Her pain disappeared like magic, her health and strength returned, and she soon had the rosy cheeks and plump form of a healthy girl of her age, as you will see by this picture, which was taken a few months after the operation, and which shows her just as she is to-day, whilst she has long since resumed her old place in one of the large suspender factories of our city working with ease and comfort.

REMARKS.

Here is the case of a young lady who comes to us with a clean history; her habits are regular and good; no history of specific contagion and no grounds to even suspect such. She comes of a healthy, industrious German family; her difficulties date back to the commencement of her menstrual periods, and have gradually increased from that time until she is relieved by surgical interference.

Whilst she has had some sympathetic irritation over the left ovary, the nucleus of her pain has always been over the right appendages.

She has a catarrhal discharge from the os uteri, which was not on my examinations found ulcerated, neither was there any evidence at the time of examination of either cervico-endometritis, or corporeal endometritis (although it no doubt in my mind had existed at one time in her case), yet she has a catarrhal discharge which finds its way out through these channels; and with it she has pain and tenderness over the right ovary, together with all the appendages of the right side.

On further examination we find an enlarged oviduct on the right side, which yields a doughy, sub-solid impression to the touch; the ovary on the same side is tender and somewhat en-

larged, which tenderness and enlargement increases until it is distinctly felt between the finger in the vagina and the right hand on the outside of the abdomen, and which on the least pressure gives the patient excruciating pain and nausea; her menstrual periods increase all her symptoms, her appetite decreases, emaciation gradually progresses, and the patient's life becomes an existence of torture and continued misery, which racks the nerves and is shattering the whole constitution, with no prospect of relief; although she has been drugged without benefit and blistered without relief, has been electrified and scarified, rubbed and soaked, exercised and rested, pow-wowed and opticalized, encouraged and discouraged, yet she is no better therefrom.

The history of her case dates from puberty, at which time she has from some now unknown cause undoubtedly contracted catarrhal inflammation of the fallopian tube, which has gradually thickened from the results of the disease and later on involved the ovary and still later the folds of the broad ligament. Now, is there a single surgeon here to-day, having before him such a history, and encouraged with such prominent symptoms, both subjective and objective, who, in the face of the present advanced status of abdominal surgery could satisfy his conscience by advising delay in a case like this and waiting for something to turn up, and take the chances of a rupture into the peritoneal cavity with its consequent dangers of fatal peritonitis?

Is there a single progressive surgeon before me who could go before a jury, and with one hand lifted to Heaven and the other resting on the Holy Bible, solemnly and conscientiously swear that that was either good treatment or even sound advice?

In my humble judgment, I consider such advice nothing short of measuring out torture to the patient, besides hazarding her best chances for recovery, with absolutely nothing to offer her in return, and consequently I treated it as such, and I now place before you the results of my decision backed by the pathological specimen which speaks for

itself, not only as proof of the correctness of my conclusions with reference to operative relief, but with a hope of stimulating others to do their duty in similar cases and under parallel circumstances, and at the same time reporting to this honorable society a comparatively rare pathological condition; for so far I have only been able to find the report of one case of ovarian hæmatoma, and that is the one reported by Dr. C. E. Billington of the state of New York. (1)

It is true I did not diagnosticate an ovarian hæmatoma, as the ovarian sack was so small, solid, and tender on pressure, that I was unable to obtain fluctuation, and mistook the real condition for enlargement due to congestion and inflammation, yet I did discover an enlarged oviduct and an enlarged and tender ovary, which refused to yield to years of medical treatment, not excepting the use of electricity, and consequently I felt warranted in operating with only this view of the case to guide me.

I am satisfied that at some time near the age of puberty, this patient had contracted catarrhal endometritis which resulted in chronic catarrhal salpingitis, whilst the original trouble gradually subsided, leaving the chronic salpingitis as the sequela of the former disease; which in turn caused abnormal thickening of the tube, thereby interfering with the circulation of the ovarian artery and its branches supplying the oviduct, resulting in chronic congestion and inflammation of the ovary; and finally the rupture of one or more of the small intra-uterine arteries forming a hæmatoma, which became enlarged from month to month by the increased congestion at each menstrual period, until the walls of the sack became so thin that they were just on the verge of bursting, and had they not been removed would have certainly resulted in rupturing into the peritoneal cavity, and in all probability produced fatal peritonitis.

1 Since writing this paper, I find that Dr. Howard A. Kelly, of Johns Hopkins Hospital, in the *Bulletin* for May, 1890, indirectly refers to operation for "Diseases of the Ovaries, such as small tumors, hæmatoma," etc.

At any rate, to say the least, we had the normal functions of the right ovary and tube destroyed; they were of no earthly use to the patient and never would be, but, on the contrary, were a continued source of pain and distress, with the constant probability of fatal results following at any time.

With this view of the case I determined to operate, notwithstanding the opinion of one, who, figuratively speaking, dresses in purple and fine linen, and fares sumptuously every day.

CONCLUSIONS SUGGESTED BY THIS CASE.

1. That chronic catarrhal salpingitis may be followed with chronic ovaritis, resulting in the rupture of one or more intra-ovarian arteries, and followed with a hæmatoma which may be aggravated and increased in size from month to month by the menses until the substance of the ovary proper is almost entirely destroyed, leaving nothing but a sack containing sanguinous liquid.

2. That the general course of such a case may be prolonged and painful, mingled with frequent attacks of excruciating pain.

3. That medicinal and electrical treatment were alike useless in relieving this abnormal condition.

4. That this malady destroys, beyond the possibility of recovery, the usefulness of both ovary and fallopian tube.

5. That delay in giving surgical relief is hazardous and unwarranted, and without the prospects of permanent relief to the sufferer.

6. That this case was not accompanied with adhesions.

7. That early surgical relief is the proper and only safe and reliable course of treatment in this class of cases.

NITRITE OF AMYL is commended as the most rational and successful antidote to use where chloroform or cocaine seems to threaten life by their unfavorable action on the heart. A few drops of nitrate of amyl, administered by inhalation, will be one of the most probable means of restoring the heart's action.—*Four. Am. Med. Assoc.*

MALIGNANT DISEASE OF THE TONSILS:

WITH A REPORT OF A CASE OF ALVEOLAR SARCOMA, WITH RECOVERY.

A Paper read before the Cincinnati Medical Society, March 18, 1890,

BY

T. V. FITZPATRICK, M.D.
CINCINNATI.

The most important distinction from a clinical standpoint that can be made in tumors of the tonsils, is in reference to the benign or malignant properties of the growth. This distinction was formerly made with reference to the life-history of the tumors. Thus, it after removal, the growths had a proneness to return, or to be followed by other growths in other parts of the body; or if the growth had a tendency to destroy the parts in which they grow; or in consequence of these properties the tumors were fatal, the growths were classified as malignant. The criterion then of malignancy was the local as well as the general infectiveness of the growth. This criterion has been found to be impracticable as a test of classification because these properties are not always to be recognized until the chain of serious and even fatal events is almost complete. Pathologists have endeavored (and succeeded measurably), to remedy this defect by studying the structures associated with malignant tumors. The researches along this line in the last few years have been very considerable, the results of which may be briefly stated:

1. They are not peculiar to all malignant growths of one particular kind of structure.

2. The growths have nearly always a typical structure, with the possible exception of lympho-sarcoma.

3. The great majority of malignant growths fall under one of two classes, viz.: sarcoma or carcinoma.

This structure basis of classification is a very valuable one; for instance, after a specimen has been removed and examined and the properties peculiar to

it have been recognized, what is likely to be its history can be easily predicted.

Experience has shown that sarcoma is less active, of slower growth, and that after the removal of the tumor, gives longer and more complete immunity from a recurrence of the growth than in carcinoma. The conclusion to be drawn from these clinical facts would be to favor early and complete removal of sarcomatous tumors. The general characteristics of the structures peculiar to these two classes of malignant tumors present points of such great importance, relative to the diagnosis and treatment that I can not refrain from briefly alluding to them. In the incipient stages of sarcoma the tumor appears to be made up entirely of cells, but in the subsequent stages, in the majority of cases there is a tendency to the formation of one of the typical varieties of connective tissues. At first sarcomatous growths form a distinct and separable tumor from the surrounding structures, which it pushes aside or displaces, and is usually enclosed in a capsule. I wish to emphasize this characteristic of sarcomatous growths to become enclosed in capsules, and as an argument in favor of early surgical interference. The rapidity of growth of malignant tumors is in proportion to the richness in cells. Pathological researches have demonstrated that the smaller cells are more numerous and break down sooner than large cells. Hence the clinical importance of an early examination of a suspicious growth of the tonsil.

Carcinoma of the tonsil is an atypical growth, starting from epithelial tissues, and composed of epithelial cells irregularly arranged, forming an irregular or atypical gland structure. These cells are embryonic in character, breaking down very early in their history. The cells in malignant growths rapidly migrate to the lymphatic glands. Clinical reports of such cases show the rapidity of migration to be greater in carcinoma than in sarcoma, and in the small round-cell variety of sarcoma than in the variety known as alveolar sarcoma. Therefore we would expect to

find, and do find longer immunities from recurrence in sarcoma than in carcinoma.

The literature on malignant diseases of the tonsils was very meager and imperfect previous to the year 1886, since which time there seems to be a disposition to greater accuracy in ascertaining the properties of the tumors reported. Malignant disease of the tonsil is a very rare disease. Mr. W. R. Williams, in a very able article on "Sex and Tumor Formation," gives an analysis of 10,100 cases of tumors, of which only nine were tumors of the tonsil. Mr. Lennox Browne (¹) makes the statement that in his practice malignant tumors of the tonsil occurs in the ratio of one to every 5,000 cases of other diseases. Every case of a disease so rare and of such grave prognosis as malignant disease of the tonsil should be carefully studied pathologically and clinically. It is with a such a motive in view that I wish to report a very interesting case of a rare variety of malignant tumor of the tonsil, viz: alveolar sarcoma.

REPORT OF CASE.

In September, 1889, Mr. H. L., a New England farmer and lumberman, applied to me for the relief of a tumor of the throat. He was a man of excellent physical development. His family and personal clinical history was free from tubercular and specific diseases. The only interruption of good health for many years was an accident occurring in the spring of 1886, whereby he sustained the loss of the lower left leg, just above the ankle. He never had an attack of quinsy or any other disease of the throat, except an occasional slight attack of pharyngitis. At the time he presented himself for treatment, he was somewhat pale and emaciated, his voice was strongly nasal; respiration difficult; deglutition greatly impeded, indeed, sufficiently to account largely for his emaciation. He gave the following history: During his convalescence from the amputation he noticed a slight enlargement of the left tonsil. No in-

¹ Browne, on "Diseases of the Throat," p. 242.

convenience was experienced for two years others than what would naturally result from a simple hypertrophy of the tonsil. No pain at any time during the first two years. It was diagnosed in its early history as simple hypertrophy and treated with astringents. About a year previous to the time I first saw the case, the growth began to enlarge more rapidly, so much so as to interfere with deglutition and respiration. At this stage of the disease three very able specialists were consulted, who diagnosed a case of malignant disease of the tonsil, and advised non-interference on account of the very slow progress. The subjective symptoms at the time I saw the case presented no departure from what would most naturally result from a mechanical obstruction of the throat. The objective examination revealed a large grayish-red tumor of the left tonsil, extending entirely across to the right faucial cavity; hard and slightly nodular to the touch, adherent to both the pillars, but freely movable. There was no infiltration of the lymphatic glands, with the exception of one gland situated at the angle of the jaw. This gland had but recently become infiltrated. It was movable and sensitive to pressure. The diagnosis was made from the gross appearance of the tumor and history of the case. On account of the great interference with respiration and deglutition and the strong importuning of the patient, I decided to remove the growth at once. The method selected was the galvano-cautery. The first application of the knife divided an artery of considerable size. In applying the forceps to the bleeding vessel I discovered that the tumor was encapsuled. I then, without any difficulty, completely enucleated the tumor with my finger. There were no adhesions to the tongue or pharyngeal wall, and but limited adhesions to the palate. The hemorrhage was but slight, and easily controlled with hot water at the time of the operation. However, three hours after the removal of the tumor, a very severe and alarming hemorrhage came on for a few minutes, and stopped spontaneously before anything was done to arrest it. The tumor measured

two and one-half inches in its lateral diameter, two and one-half inches in its perpendicular diameter, and one and three-fourth inches in its antero-posterior diameter. A microscopical examination of the growth made by Dr. Holt proved it to be an alveolar sarcoma. The after-treatment consisted in an application of a saturated solution of sulphate of zinc, which was made with the view of destroying some fragments of mucous membrane. The patient was able to eat and drink after two or three days. He obstinately refused to have the enlarged gland removed, which, however, fortunately disappeared in a few weeks. There was no return of the disease up to the middle of last January.

The case presents the following interesting features:

1. The slow growth of the tumor.
2. The encapsuled condition of the tumor.
3. The absence of much glandular infiltration: this too, in the face of a malignant tumor of three years' standing and of a large size.

Dr. M. H. Richardson reported a case of round-cell sarcoma of the tonsil in the *Boston Medical and Surgical Journal*, February 23, 1888, which resembles the above case in some particulars. The diagnosis was based upon the general appearances and microscopic examination. The tumor was removed by an external incision. The patient, a female, aged sixty years, had noticed a growth back of the angle of the jaw for two years. It was of slow growth; externally there was only slight deformity; internally the left tonsil, with the pharynx, was pushed a little beyond the median line. The growth was indurated and could be felt externally under the edge of the jaw, from the mastoid process half-way to the chin. A careful dissection was required to get under the parotid gland, behind which the new growth was found encapsuled. The tumor was lobulated and had finger-like projections running in various directions. It partly surrounded the styloid process to which it was attached, and from there it extended inwards to the middle of the

pharynx. A large portion of the tumor was shelled, the remainder being dissected out. The tumor was situated in the place of the left tonsil. This case deserves special attention, for the fact that there was no return ten months after the removal of the tumor.

The diagnosis of tumors of the tonsils should always be positive. The general appearances ought never to be the exclusive means of distinguishing between benign and malignant diseases. If the diagnosis could be made before there is glandular infiltration or metastatic invasion of other parts, the removal of the entire tumor would, in all probability, diminish the likelihood of recurrence.

The prognosis of malignant tumors of the tonsil is very grave. One of the strongest obstacles to a more favorable termination of these cases, is the intimate connections of the tonsils with the lymphatic system, and well advanced condition of the tumor before its true character is recognized.

The following conclusions deduced from a discussion of cancer of the tonsil by Butlin, are so closely to the point that I will give them *verbatim*.

"The prospect of permanent relief by operation in any case of malignant disease of the tonsils is very small, even if there can be said to be any.

"Removal of the disease through an external incision has hitherto proved a dangerous proceeding, and has not yielded as good results as operation through the open mouth.

"Removal of the disease through the open mouth, in suitable cases, has not hitherto proved very dangerous.

"No case of cure can be claimed for operation through the open mouth, but several cases of relief of longer or shorter duration.

"In future cases pharyngotomy cannot be recommended; and unless the results procured by it are far better for the next series of cases than those which it has yielded hitherto, it must be condemned as an unjustifiable proceeding."

[FOR DISCUSSION SEE PAGE 786].

MERCURIAL PREPARATIONS, LOCALLY, IN THE LATER SKIN MANIFESTATIONS OF SYPHILIS.

WITH REPORT OF CASES.

A Paper read before the Cincinnati Medical Society, March 18, 1890,

BY

WM. L. MUSSEY, M.D.,

Clinical Lecturer on Dermatology, Miami Medical College.

Local applications of mercurial preparations, either alone or combined with general medication, are of great advantage in treating the later skin manifestations of syphilis. We have in them a means which can be applied directly to the point affected, which is sure and effective, as well as rapid in its action. The latter point, *i.e.*, rapidity of action, is of very great importance, for in many cases when a syphilitic infiltration begins to break down it advances very rapidly, so that in a few hours almost, a whole cheek may disappear, or other important structures be lost, while we are waiting for the action of mercury given internally, by inunction, or hypodermatically. And it is in just such cases that we see the most admirable results from the local application of this drug. Again, by its use we have an admirable aid to diagnosis, the value of which cannot be overestimated; for, as you all well know, it is not always easy to make a prompt and correct diagnosis in cases of skin disease. Is it not then a great advantage to have a remedy that can settle at least one point definitely? How often it happens that cases occur in good families, where it is almost impossible to ask the questions necessary to clear up a diagnosis, when the use of a little unguentum or emplastrum hydrargyri for a few days will settle the question in a thoroughly satisfactory manner. These points, both equally important, have led me to think that a little time might be profitably spent on the subject.

The question, naturally, now comes up, In what manner is mercury best

adapted for local treatment and how should it be applied? We may consider four forms as applicable, viz., the emplastrum, the unguentum, the powder (calomel), and the solution, either as a wash or hypodermatically; the so-called grey oil is also used by Lang in the latter manner. I had often seen and heard of the use of calomel on condylomata and washes for the initial lesion in this country, but it was not until I attended Kaposi's clinic in Vienna that I saw the use and good effect of the emplastrum hydrargyri when applied in suitable cases. The emplastrum is the form generally employed in Vienna for the treatment of these cases. It is spread thin on linen, so as to be easily adapted and accurately applied to any surface. It must also have good adhesive powers, and, naturally, should be large enough to go a little beyond the limit of infiltration. The emplastrum hydrargyri of the Austrian Pharmacopœia differs somewhat from ours, in that it contains some turpentine, and appears to me to act somewhat more quickly. The plasters should be changed as often as the discharge requires it. I have found the unguentum hydrargyri spread thin on linen a good substitute where a satisfactory plaster could not be obtained. An important point is the accurate adaptation to the part affected. The plaster is also applied by German syphilographers to the initial lesion situated at points proper for its use. It is astonishing with what rapidity the syphilitic infiltration disappears under its use, as I hope to show you in the cases which I am to report.

The cases to which I wish to call your attention are five in number, four positive and one negative in character. In three the unguentum hydrargyri was employed, in one the emplastrum, and in the other hypodermic injections of the bichloride of mercury. Two cases came under my observation at my clinic, while the other three were in my private practice.

CASE I.

Mrs. G., clinical case, aged about thirty. Well developed and nourished. History of several abortions, with, later,

several children at term, now living and well. No knowledge of initial lesion. Had more or less general eruption and alopecia at one time, with slight sore throat and "rheumatism." Then no trouble for several years except abortions referred to. Some months ago noticed that memory was failing; slightly aphasic at times. Two lumps made their appearance, one on the forehead over the right eyebrow, and the other at the top of the sternum. These broke down later, and continue to discharge a dirty, scanty pus. The patient has slight ptosis of left upper eyelid, with slight paresis of the right side of the body. The sore on the forehead is rather irregular in shape, with a dirty, scanty discharge; area of infiltration, with hard edge, readily discovered. The sore at the upper edge of the sternum perfectly circular, in other respects resembling the one on the forehead. Diagnosis: Broken-down gum-mata.

Prescribed bichloride of mercury, gr. 1-16th, and iodide of potash, gr. 15, three times daily; unguentum hydrargyri locally over both sores. Three days later the sores were much better, and at the end of ten days almost healed. She then left town, and I did not see her for several months, at which time ptosis and paresis were much more marked, but the sores were entirely healed. Healing was complete in less than three weeks from her first visit to me.

CASE II.

Mr. O., private case, aged twenty-five. Well developed and nourished. Patient called to see me on account of a large ulcer on the anterior aspect of the right leg. Absolutely no venereal history can be obtained, nor are there any enlarged glands present. The ulcer, however, looked suspicious. It had been in existence some four months. To aid in the diagnosis I employed emplastrum hydrargyri (Austrian Pharmacopœia) for ten days or two weeks, with absolutely no result. No general treatment was given. No diagnosis was made, except that it was not syphilis, as the patient left town shortly after.

CASE III.

Miss M., aged seventeen. Well developed and nourished, but small for her age. Abscess in the muscles of the right thigh high up, which had been poulticed for some time and already broken down when I saw it. Examination showed a small circular hole, about the size of a silver half-dime, and with a dirty, scanty discharge. The ulcer was surrounded by an area, perhaps three-quarters of an inch wide, of thickened, infiltrated tissue, almost cartilaginous in feeling, and painless. Had I not had reason to believe that she was the victim of hereditary syphilis, my diagnosis would have been the same, viz., a broken-down gumma.

Treatment: Entirely local with the unguentum hydrargyri. At the end of ten days the part had entirely skinned over and infiltration had disappeared.

CASE IV.

Miss H., aged eighteen. Well developed and nourished; somewhat anæmic. Had initial lesion on labium majus last summer, with general eruption, slight alopecia and sore throat. An aunt died of cancer. Present trouble began six weeks before I saw her with difficulty in defecation, which has gradually increased up to the present time, with great pain. Bowels heretofore had been regular. Examination shows enlarged inguinal and cervical glands; anus very small, index finger being introduced with great difficulty and causing pain. Immediately on entering, a well-marked constriction is discovered extending upwards for about one-half or three-quarters of an inch, smooth, regular and hard to the touch, ending in a sharp, smooth edge, with some pouching of the rectum above it. Perineum and ischio-rectal spaces are hard and resistant to the touch, the hardened area having distinctly defined edges. Two condylomata, secreting, to the right of the vulva.

Diagnosis: Syphilitic stricture of the rectum.

Treatment: Hypodermatic injections of a solution of bichloride of mercury, of which ten minims contained one-sixteenth of a grain. Four injections in

all were given, at intervals of four days, with a decided amelioration of the symptoms of pain and difficulty in defecation, as well as increase in calibre of the strictured passage; thus proving to a certainty, to my mind, the correctness of the diagnosis. At this time, a blind external fistula having developed, it was deemed best to operate; and while she was under the anæsthetic the stricture was stretched with, so far, good results. The small abscess, which resulted in the fistula, was not caused by a hypodermic injection, as it was present when I first saw the case. I also gave the patient iodide of potash, grs. fifteen, three times daily, but it was discontinued after two or three days on account of an acne that it produced. The condylomata were dusted with calomel, which treatment resulted in their almost entire disappearance, secretions stopping after a few applications. The patient was taking, when I last saw her, syrup of hypophosphites, one drachm, and bichloride of mercury, gr. 1-24th, three times daily.

It is interesting to note in this connection that the patient's general condition improved under the hypodermatic treatment, partly due, probably, to the relief of distressing symptoms and partly to the general effect of the mercury.

CASE V.

Mrs. D., clinical case, aged about thirty years. Fairly well developed, but poorly nourished and very anæmic. Has had two abortions, one at five, the other at seven months. Has never gone to full time. No conception for several years. Husband, shortly after marriage, had a general eruption. No history of initial lesion. Had an irregularly appearing eruption several years ago, with some sore throat, alopecia and "rheumatic" pains, which were worse at night. Has for two years been suffering with a breaking-out on the forehead, which began between the eyebrows, and has gradually extended until now it is fan-shaped in appearance and at least three inches wide at its upper portion, which extends nearly to the hair. The growth is dark red in color, skin freely movable over frontal

bone and infiltrated to some extent, limit distinctly marked. Practically no discharge, save at some points. Some small scars, showing where broken-down points have healed. Slight enlargement of the epitrochlear glands on the left side, and also of the post-cervical glands. Inguinal glands not examined.

Diagnosis: Tubercular sphilide.

Treatment: Unguentum hydrargyri locally; iodide of potash, grs. fifteen, bichloride of mercury, gr. 1-16th, three times daily internally. Three days later the growth on the forehead was much better, and at the end of two weeks had almost entirely disappeared, a few scars and reddish spots alone remaining, infiltration being all gone. About a week after the beginning of treatment it was necessary to discontinue the bichloride, as the patient's gums were becoming slightly affected. Syrup of hypophosphites, 3i three times daily, was also given. The patient is in much better general health; now eats well, and color is returning.

(FOR DISCUSSION SEE P. 786.)

ABSCESS BENEATH THE PALMAR FASCIA.

ITS TREATMENT.

BY

H. H. SPIERS, M.D.,
EDINBURGH, O.

Every surgeon of experience has met one or more cases of the above affection. The strong palmar fascia prevents any great swelling, and in a measure precludes palpation, so that it is difficult to diagnose the presence or absence of pus with certainty. If seen late the lance is commonly resorted to. If seen early hot fomentations or poultices are usually applied for a time, and the use of the lance postponed.

In my experience poultices and fomentations amount to but little. In the use of the lance, whether early or late, parts are severed that never again unite; the hand is left disabled as a consequence. If the abscess be allowed to remain unopened, the pus burrows into, or so paralyzes the muscles of the hand,

that its use is ever after limited. In either case a claw hand is the result.

I have seen a number of cases and have closely observed the results of treatment. To me no method has proved so satisfactory as the following: Pass a large needle, with a curved point carrying a double thread of surgeon's silk, near or into the annular ligament, well into the tumor and let it emerge between two of the fingers—preferably the ring and middle. The operation is brief, the pain little, but an anæsthetic may be used or a hypodermic injection of morphia or cocaine may be given if preferred. The double thread is left long, and is knotted at both ends. By alternately pulling the thread backward and forward any pus along the line readily makes its exit. The parts gradually settle back to their wonted place, and recovery is complete.

This operation has the merit that it may be used early or late. Of course, it will not retrieve any damage already done.

I have frequently resorted to this method in tumors of the face and neck, where it is dangerous to lance or where a scar is not desired, usually with good results.

ANOTHER CHECK TO CHRISTIAN SCIENCE.

Two "Christian Scientists" of Jamestown, N. Y., treated a patient who was suffering from cancer. She died, and a coroner's jury rendered the following verdict: "Mrs. Barrows came to her death from cancer of the breast on the 8th of May. We believe that contributory to this death was the culpable negligence of Mrs. M. J. Smith and Mrs. E. G. Lovejoy, who were advised of the nature of the fatal malady with which deceased was suffering, and failed to resort to or advise treatment by any of the methods known to medical science. We further believe that W. A. Barrows was also negligent of his duty in not securing medical treatment for his wife when there was reason for believing that she was in need of such treatment.—*Med. Record.*

Society Reports.

THE CINCINNATI MEDICAL SOCIETY.

OFFICIAL REPORT.

Meeting of March 18, 1890.

The Vice-President, C. R. HOLMES, M.D., in the Chair.

EDW. S. STEVENS, M.D., Secretary.

DR. T. V. FITZPATRICK read a paper entitled

Malignant Diseases of the Tonsils, with a Report of a Case of Alveolar Sarcoma with Recovery
(see page 779).

presenting the specimen removed.

DISCUSSION.

DR. A. B. THRASHER spoke of the occurrence of these malignant tumors of the tonsils as being exceedingly rare. Lennox Browne speaks of having seen but four cases in his whole practice. It had been the speaker's fortune to have seen but one case, an encephaloid carcinoma, which ran a rapid course. If the tumor is a malignant one the operation will not hurry death, and it may prolong life. The operation to do is enucleation by the finger, as the author of the paper did in this case. If the electro-cautery knife had been used, some of the tumor might have been left. Other tumors are of no moment compared with malignant growths. Syphilitic tumors at times might be mistaken for malignant growths.

DR. F. W. LANGDON asked if there was anything in the history to indicate the cause.

DR. FITZPATRICK replied that he could find nothing to account for it. He had no tubercular trouble. He had never even had an ordinary tonsillitis.

DR. JOSEPH EICHBERG called attention to how thoroughly encapsulated the tumor was. Sarcomata are probably more common than is generally supposed. The cases coming to the general surgeon, and involving the vault of the pharynx and the superior maxilla, are probably sometimes of this character.

DR. WM. L. MUSSEY read a paper entitled

Mercurial Preparations Locally in the Later Skin Manifestations of Syphilis; with Cases
(see page 782).

DISCUSSION.

DR. F. W. LANGDON said that with respect to these local applications he had found a ten per cent. oleate of mercury of great benefit. The eruption clears up a great deal more quickly than by constitutional treatment only.

DR. C. W. DODD asked whether the oleate was the same preparation that is known in Vienna as the gray oil.

DR. MUSSEY: Lang speaks of the gray oil as though he was the only one who used it.

DR. B. M. RICKETTS said that there was no subject we could more profitably spend an evening in discussing than this of the local use of mercurial preparations. In his opinion nothing was so beneficial as the oleate of mercury. He spoke of the use of mercury in the form of the inunction, for the general treatment of constitutional syphilis. The hypodermatic use of mercury, he believed, would, in the course of time, be the method of treatment generally used. The salicylate of mercury may take the place of the bichloride. He would not, himself, reply upon the effect of these unguents to decide a diagnosis.

LOCAL SOCIETY NOTICES.

The local societies have adjourned for the summer; the Academy of Medicine until September 8th, the Cincinnati Medical Society until October 7th.

PHYSICIANS desiring microscopical examinations made of morbid growths, sputum, chemical examinations of urine, etc., can have the investigation made and a report of the same furnished by sending the specimens, properly labeled and preserved, to the Curators of the Cincinnati Hospital. A fee of \$5.00 will be charged for such examinations.

LEONARD FREEMAN, M.D.,
J. C. OLIVER, M.D.,
OTIS L. CAMERON, M.D.,
OLIVER P. HOLT, M.D.,
Curators and Microscopists.


Are prepared to make examinations of river water, etc., for the typhoid bacillus.

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MEDICINE AND SURGERY

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EDITOR AND PUBLISHER,
199 W. 7TH STREET, CINCINNATI, OHIO.

Cincinnati, June 28, 1890.

The Week.

HIGH-SCHOOL HOURS.

Some remarks made in our last issue brought out in the *Times-Star* of June 23 the following defense of the present system:

NOT "HALF STARVED."

As a reformer Dr. Culbertson works long and earnestly; but when he pitches into the high schools because of their hours he makes a mistake. He seems to go upon the assumption that the high-school pupils are the little children of the district schools. Half of them, he exclaims, are being starved, because they do not get a hot meal at noon. The hours of the high schools are from a quarter past eight to twenty-five minutes past one, with a recess of twenty minutes. The pupils are never detained after school hours, and are at liberty to at once go home. They are not required to sit in any one room or in any one position during the time at school; they move about from room to room and from class to class. Then, too, even if they were to be given an hour in the middle of the day, not more than one-fourth of them could avail themselves of it to go home. Both of the high schools are in bad positions so far as being in a central locality is concerned. The pupils who live in Walnut Hills could not go home from Woodward, while the scores and scores of those who live in the West End and the suburbs could not go from and return to Hughes in an hour. The present system is, in fact, the only practicable one. It has given entire satisfaction in the past and will undoubtedly continue to do so in the future. And any one who sees the pupils of the high schools gathered together, sees their bright and happy faces, their well-rounded forms, cannot believe

for a single instant that they are being starved, as Dr. Culbertson alleges.

A more complete showing of the wrongfulness of the present course could not be more effectually made than is here stated by the editor of the *Times-Star*. The hours, as he states, are from a quarter past eight to twenty-five minutes past one, while, as stated in the *T.-S.*, a majority of the pupils live more than an hour from the schools; hence the time from home must be from a quarter past seven to twenty-five minutes past two. There is not a single class of adult working men or working women in this city that would labor under such a regulation of hours for one week without a rebellious strike and effectual protest. Moreover, the students that enter the high schools in the lowest grade *are not required* to visit the Natural History Society rooms, one mile in distance from either school, immediately after dismissal at twenty-five minutes past one; but the teacher announces the lecture and its importance, that it is on the next day's lesson, and the desirability that every one that can do so should attend. The famishing but still ambitious pupils feel as if their percentages are at stake, and off they go to the lecture. This extends the twenty-five minutes past one to three o'clock, and an hour from home. Does not the better nature—the human nature—of every man and woman rise up in indignation against this starvation process, that makes of the strongest high-school pupil an irritable and life-long, unhappy dyspeptic?

Nor is there any wonder to be expressed that half the entire number that enters on the high-school course drop out during the first year. Concluding they do not want any more education, they would rather at once go into business, or go to some private school, or

take their chances in any other channel than in the one that starves them physically.

We assert again, without fear of contradiction, that there is not a single class of men or women engaged in any employment that would not rebel against such hours of occupation; but here is a class of girls and boys, at the most sensitive and precarious period of their entire lives, made to believe that this crucifixion of their bodies is a necessity to their being able to obtain a coveted education.

How about the teachers? Although they are mature adults, no longer at the growing age or undergoing a change in their physiological lives, they have an opportunity to have their lunch, and they have it.

The editor of the *T.-S.* says the present system is the only practicable one. We differ from him. There should be given a whole hour at from twelve to one o'clock, to which should be added a twenty minutes recess in the middle of the forenoon and afternoon. This would afford an opportunity for a lunch or dinner, which should be eaten by every pupil. This would also afford an opportunity for mental relaxation and recuperation, that is so much needed and that every well-regulated animal requires at this time of the day. The beasts of the field, when left to themselves, rest during the noon hour. Every working man demands and gets his noon hour for rest and relaxation.

The *T.-S.* says, further, that the present system has given entire satisfaction in the past. We think he is very sadly mistaken, and would have him make inquiry among those who have attempted to go through this high-school ordeal. Reference is made to the bright and happy faces of the high-school pupils, and their well-rounded

forms. Did he see those that dropped out, that fell victims by the wayside? Let him remember that the graduating classes are not one-fourth. A graduate of Woodward tells me his class numbered but one-tenth of those who entered with him. Does not that statement alone speak volumes in condemnation of the present system?

Apropos of this subject, the following is a letter just received:

GOSHEN, June 25, 1890.

Editor Lancet-Clinic:

DEAR SIR: I am very much pleased with your editorial in this week's *LANCET-CLINIC*—"Vacation—Reformation of High-School Hours." The course the high schools of Cincinnati are pursuing is senseless and outrageous, breaking down the best and strongest constitutions of our young people. I am now attending one of Woodward's pupils who three years ago entered the high school with a first-class physical constitution. This third year he commenced failing, and it was with difficulty he held out to the end of the school. It is extremely doubtful if he can attend the next year's session, of which he is extremely anxious. If there is a change as you have suggested he can attend and improve physically all the time.

Don't let up in your effort till they make a change—two sessions a day, late morning hour opening, and a good dinner noon, such as you and I used to have. We used to have a lively time at noon at Woodward, and all other schools, in the good old school days of my time.

Yours truly,

D. S. LYMAN, M.D.

Our purpose is not to antagonize the high schools, but to help make them stronger and better, and make them the means of doing good to a ten-fold greater number of girls and boys than now are able to stand the racket of the present system of hours. Besides, we do not want those schools to be used solely for the purpose of sending out into the world a class of educated dyspeptics. Rather let much greater attention be given to the gymnasias and physical training, that should be sandwiched between the forenoon and afternoon lesson hours. Such a division of school hours, with an addition of one to two study hours, would obviate the

necessity of the pupils carrying home and to school every day a great load of books, for these children have no business to have any night hours of study. Rather let them carry a well-filled dinner-basket filled with wholesome food for the noonday meal.

Do not physicians continually warn business men against the iniquity of continuing their day's work into the night, telling them that the lengthening of their thinking and working hours means a corresponding shortening of life?

Let the motto of our School Board ever be: The greatest good to the greatest number of children, even if it be at the discommoding of hours for the teachers.

LITHIA WATERS.

During the past very few years lithia spring and artificial lithia waters have attained a degree of popularity, both with the medical profession and among the people, that signifies their usefulness and leads to the inquiry as to why this is so and wherein lies the remedial virtues of lithia. A very superficial investigation shows that it is by far the most powerful antacid of all the alkalies. This accounts for its immediate or rapid action upon the acid contents of the stomach, and when absorbed, upon the abnormal accumulations of uric acid, or the urates in the blood; and chemists further tell us that, unlike other alkalies, it forms a soluble salt with uric acid, thus rendering it easy of elimination. It is for these reasons that lithia has proven of so much remedial use in gouty and arthritic rheumatism, where there is a constant tendency to the formation of sodium urate deposits in the joints and tissues, and of renal calculi.

Lithia waters should be the favorite

club-house, fashionable bar and hotel drinking-water. Lithia water is popularized for this purpose by carbonization. This renders the lithia much more soluble, and does not detract from its remedial effects, but rather has a tendency to enhance its virtues as a therapeutic agent. For those who wish to use a lithiated potash water that is carbonated, and contains a fixed quantity of the alkali, the Garrod Spa Water, prepared by Dr. Enno Sander, of St. Louis, will be found to meet the wants of the occasion.

For summer diarrhœas, where there are acid and strongly offensive evacuations, the use of lithiated waters, whether natural or artificial, must strongly commend themselves to the practitioner; in fact, the therapeutic uses of lithia seem to be widely extending. It will also be found of value in sick-headache, and in all cases where antacids are indicated.

The secret of the remedial virtues of lithia is in its solvent powers as an antacid, and its formation of a soluble salt when in combination with uric acid. This must lead to its ever-increasing use and popularity.

THE MILLCREEK STENCH. — The dry, hot weather of the past week is producing its legitimate fruits in the lengthening of physicians' visiting-lists and increase of undertakers' calls. Time and again we have heralded this at the people and at our municipal and State legislators, advising them of the imperative necessity of turning the Miami Canal bodily into Millcreek at Lockland, so as to provide an abundance of running water in that stream to carry off the sewage and filth that finds a way into its channel. The lesson of this summer is a costly one, but it seems to be necessary in order to arouse the

people and the powers that be to a working activity that will accomplish the much-desired result. In the meanwhile the doctors and funeral directors will not be financial sufferers.

ILLINOIS STATE BOARD OF HEALTH. }
OFFICE OF THE SECRETARY. }
SPRINGFIELD, Ill., June 23, 1890. }

Editor Lancet-Clinic:

Please take note of the following items:

The Prospectus of 1890-91 of the Cincinnati College of Medicine and Surgery announces that after the session of 1890-91 four years of study, including three courses of lectures, will be necessary for graduation in that college.

The Eighth Annual Announcement of the Northwestern Medical College, of Toledo, O., session of 1890-91, publishes as a requirement for graduation that beginning with the session of 1891-92 four years' study under the direction of a regular practitioner and attendance upon three full courses of lectures will be necessary.

Very truly yours,

JOHN H. RAUCH, Secretary.

It affords us real pleasure to announce through our pages the onward and upward steps of our Ohio medical colleges, and that the time is very near at hand when all reputable colleges will require four years of study and attendance on three annual lecture terms of not less than seven months. The scope of medical study has become so extended that the former-time curriculum is no longer sufficient to enable the student to even get a shallow smattering of his necessary studies.

THE annual commencement exercises of the Cincinnati Woman's Medical College will take place in the Scottish Rite Cathedral, on Broadway, Tuesday, July 1. The institution is in a flourishing condition, and will confer the degree of Doctor of Medicine on nine graduates. All who are interested in the medical education of women should be present on this occasion.

DIED—DR. J. J. KANE, of this city, died June 26, of meningitis.

HEALTH DEPARTMENT OF CINCINNATI.

Statement of Contagious Diseases for week ending June 20, 1890.

WARD.	Measles.		Scarlet Fever.		Whooping-Cough.		Diphtheria.		Typhoid Fever.		Group.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1.....	4	..	..	..	..	..	4	1	1	..	..	..
2.....	..	..	..	..	..	..	1	..	..	..	..	..
3.....	..	..	1	1	..	..	1	..	..	..	..	..
4.....	..	..	..	..	1	..	1	1	..	..	..	..
5.....	..	..	..	..	..	..	..	..	..	..	..	..
6.....	..	..	..	..	..	..	..	..	..	..	..	..
7.....	..	..	..	..	..	..	3	1	..	..	..	..
8.....	..	..	..	..	..	..	..	..	..	..	..	..
9.....	3	..	..	..	..	..	..	..	..	..	..	..
10.....	..	..	..	..	..	..	..	..	..	..	..	..
11.....	..	..	..	..	..	..	4	2	..	..	..	..
12.....	1	..	..	..	..	..	..	..	..	..	..	..
13.....	..	..	..	..	..	..	..	..	..	..	..	..
14.....	1	..	..	..	..	..	2	..	..	..	..	..
15.....	..	..	1	..	..	..	2	..	..	..	..	..
16.....	..	..	2	1	..	..	1	..	..	..	..	..
17.....	..	..	..	..	1	..	..	..	..	..	..	..
18.....	..	..	1	..	..	..	..	..	..	..	..	..
19.....	..	..	..	..	1	..	..	..	..	..	1	..
20.....	..	..	..	..	..	..	1	..	..	..	..	..
21.....	..	..	..	..	5	..	1	..	..	..	..	..
22.....	1	..	..	..	..	..	..	..	..	..	..	..
23.....	1	..	..	..	..	..	1	..	..	1	..	..
24.....	..	..	1	..	..	..	1	..	..	..	..	..
25.....	1	..	..	..	..	..	1	..	..	..	..	..
26.....	6	..	1	..	..	..	..	..	..	..	..	..
27.....	..	..	..	..	..	..	1	..	..	..	..	..
28.....	..	..	1	..	..	..	1	..	..	..	..	..
29.....	..	..	..	..	..	..	1	..	..	..	..	..
30.....	2	..	..	..	..	..	..	..	..	..	..	..
Cin. Hosp	..	..	..	..	..	..	..	..	..	..	..	..
Good Sam. Hosp.	..	..	..	..	..	..	..	..	..	..	..	..
Totals	20	..	7	3	8	..	26	5	1	1	1	1
Last week.	23	..	7	..	7	1	12	3	3	..	1	1

The following is the mortality report for the week ending June 20, 1890.

Croup.....	1
Cholera Morbus.....	1
Cholera Infantum.....	13
Cerebro-Spinal Meningitis.....	2
Diarrhoea.....	8
Diphtheria.....	5
Enterocolitis.....	2
Pyæmia.....	1
Scarlatina.....	3
Typhoid Fever.....	1
Other Zymotic Diseases.....	0-43

Cancer.....	5
Consumption.....	18
Other Constitutional Diseases.....	3-26
Apoplexy.....	2
Bronchitis.....	3
Convulsions.....	4
Enteritis.....	1
Gastro-Enteritis.....	3
Heart Disease.....	7
Liver Disease.....	2
Meningitis.....	8
Peritonitis.....	3
Pneumonia.....	7
Other Local Diseases.....	15-55
Deaths from Developmental Diseases.....	12
Deaths from Violence.....	10

Deaths from all causes.....	146
Annual rate per 1,000.....	23.36
Deaths for corresponding week of 1889....	115
Deaths for corresponding week of 1888....	178

J. W. PRENDERGAST, M.D.,
Health Officer.

OHIO HEALTH BULLETIN.

Infectious diseases reported to the Ohio State Board of Health in 50 cities and towns during the week ending June 20, 1890:

Diphtheria: Cincinnati, 26 cases, 5 deaths; Toledo, 11 cases, 7 deaths; Chillicothe, 3 cases, 1 death; Cleveland, 2 cases, 1 death; Fremont, 2 cases; Columbus, Tiffin, Middletown, Logan, New Vienna and Beverly, each 1 case.

Scarlet Fever: Columbus, 8 cases; Cincinnati, 7 cases, 3 deaths; Toledo, 6 cases, 1 death; Dunkirk, 4 cases, 1 death; Defiance, 4 cases; Chicago, 2 cases; Cleveland, 1 case, 1 death; Findlay, Lorain and Richwood, 1 case each.

Typhoid Fever: Cleveland, 17 cases, 4 deaths; Cincinnati and New Concord, each 1 death; Findlay and Chester Hill, each 1 case; one case in Wabash Tp. (Darke Co.)

Whooping-Cough: Cincinnati, 8 cases; Bloomington, 3 cases; Weymouth, 1 case; Wabash Tp., 1 case.

Measles: Cincinnati, 20 cases; Felicity, 13 cases; Springfield, 4 cases, 1 death; Ironton, 4 cases; Chicago, Oak Harbor and Weymouth, each 3 cases; Salem, 1 case; Wabash Tp., 1 case.

The following towns report no infectious diseases present: Ashley, Arcanum, Ada, Bainbridge, Fostoria, Garrettsville, Genoa, Kent, New London, New Richmond, St. Paris, Springboro, Uhrichsville and West Liberty.

C. O. PROBST, M.D., Secretary.

CAPSICUM is recommended as a rubefacient by Sawyer (*Lancet*), in the form of an ethereal tincture, for chronic gout, rheumatism, myalgia, and bronchitis.

SUBSCRIPTIONS to the *Lancet-Clinic* may be commenced from any date.

Miscellany.

MEDICAL JOKES AND DROLL STORIES OF DOCTORS.

BY

G. J. WITKOWSKI.

[TRANSLATED BY T. C. MINOR, M.D.]

(Continued).

A SEXTON'S NOSE.—A Parisian gentleman wishing to legitimize his irregular domestic relations, but fearing slander on the part of some of his old cronies, resolved to marry at the hour of midnight at the church Saint Serin. Naturally a few of the woman's intimate personal friends were invited to take supper before going to the church, and alcohol made part of this unique wedding feast. At midnight the bridal party entered the sacred edifice, and were met by the sexton, who, finding the groom drinking brandy from a pocket flask, endeavored to expell him; but the groom would not be put out. A struggle ensued, during which the sexton's nose got wedged in between the groom's teeth, and was bitten completely off, after which the drunken maimer spit the nasal organ out on the floor. Soon all the wedding party commenced hunting for the nose which had been lost in the dimly lighted church. Dr. Mandillon, a well known surgeon, was quickly summoned, and soon sewed the sexton's nose back in its position after the organ had been duly cleansed in holy water. The success of the operation was complete; the sexton's nose was almost as good as new. As to the aggressor, he was condemned by the correctional tribunal at Bordeaux to pay a fine of 3,000 francs and sentenced to prison for the space of ten months.

* * *

AN EXCEPTIONAL CONSULTATION.—A Jewish physician of Paris, known for his skill and the ease with which he enriches himself, one day met a client at a swimming school. "Good day, sir, how are you feeling?" queried the doctor. "Not very well. I have a slight headache," answered the gentleman addressed. "Ah, this bath will cure that,"

said the medical child of Israel. Two months afterwards the gentleman received a bill reading: "*Consultation a l'escole de natation, 20 francs.*"

SONS-IN-LAW AND MOTHERS-IN-LAW.—I had been ill for three days, and the well known specialist D. was called in. I was complaining of headache, and on entering my room the doctor espied a small American heating stove. "Ah! that's what causes your headache!" he exclaimed. "Remove it from your room at once, for it will kill anyone who sleeps in the same apartment." I hesitated and remarked: "Yes, but my dear doctor, that stove cost me two hundred francs." And the physician replied: "Very well, madam, I will take it off your hands for twenty-five francs. I know a good place to put the murderous heater." I consented, and took twenty-five francs for that which cost me two hundred. But, some days afterwards I was out making fashionable calls and visited an old friend who was laid up in bed, and to my surprise saw my

stove, well heated, a burning thing of metallic beauty. I saw the stove, I repeat, and it was in the bedroom of Dr. D.'s mother-in-law.—*Correspondence of Madame X.*

DR. PETIT'S MOTHER-IN-LAW.—The mother-in-law of Dr. Petit one day met a friend who consoled with her on the loss of her son-in-law. "Did he suffer much in his last illness?" inquired the lady. "Not half enough!" retorted Petit's mother-in-law, bitterly.

SAINT ST. BARTHOLOMEW'S PHLEBOTOMISTS.—On the day of the massacre of Saint Bartholomew, Dr. Taranes evidenced his cruel brutality, for in promenading the streets of Paris and seeing Protestant blood over the pavements, he exclaimed: "Bleed them! bleed them! All doctors agree that bleeding is as good in August as in the month of May."—Brantome, "*Hommes Illustres.*"

[TO BE CONTINUED.]

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NEW SERIES
Vol. XXIV.—No. 26.

Cincinnati, June 28, 1890.

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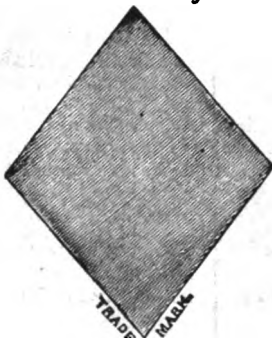
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THE BEST NATURAL APERIENT.

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which the word "**Hunyadi**" forms part, they have now adopted an additional
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See Advertisement MIAMI MEDICAL COLLEGE advertising page xii.

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In therapeutic action it is like all the analgesic antithermics, it has a double action—it lowers temperature and soothes pain. The lowering of the temperature is noticeable in cases of pyrexia. In fevers, $7\frac{1}{2}$ grains of Phenacetine lowers the temperature by 1.8° to 3.4° F., and the antithermic action following such a dose lasts four hours. In certain cases the apyrexial period is more prolonged even from the same dose. Phenacetine is thought by some to be superior to antipyrin and acetanilid in producing marked antithermic effects without toxic phenomena. But it is above all as an analgesic that Phenacetine outrivals its predecessor. While it is as powerful, it does not produce pain in the stomach or the scarlatina-form rash of the antipyrin, nor does it give rise to the cyanosis of the acetanilid. However prolonged may be its administration, no bad effect has ever been seen from its use. It has been used for the relief of every form of pain, even for the lightning pain of tabes, with the best results. This double action, as an antithermic and as an analgesic, results from an effect produced upon the spinal cord; and Phenacetine may be considered a depressor of the excitability of the medulla. The digestive, respiratory and circulatory systems are not at all affected by Phenacetine. It is inodorous, it is tasteless, and it is innocuous. [From a paper presented to the Central Kentucky Medical Association, by Steele Baily, M.D., New England Medical Monthly, March, 1890.]

Phenacetine-Bayer, prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, is supplied by us in ounces and also in the form of our soluble pills and compressed tablets, containing two, four and five grains each. Either form may be obtained of any reputable apothecary.

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| 1 | Morphinæ Sulphas 1-2 grain. | 38 | Cocainæ Hydrochlor. 1-6 grain. |
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| | Atropinæ Sulphas 1-180 grain. | 48 | Picrotoxini 1-40 grain. |
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| | Atropinæ Sulphas 1-250 grain. | 51 | Coninæ Hydrobrom. 1-80 grain. |
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| 14 | Atropinæ Sulphas 1-100 grain. | 53 | Coninæ Hydrobrom. 1-100 grain. |
| 15 | Atropinæ Sulphas 1-150 grain. | | Morphinæ Sulphas 1-6 grain. |
| 16 | Strychninæ Sulphas 1-60 grain. | 54 | Curarinæ Sulphas 1-60 grain. |
| 17 | Strychninæ Sulphas 1-100 grain. | 55 | Curarinæ Sulphas 1-80 grain. |
| 18 | Strychninæ Sulphas 1-150 grain. | 56 | Curarinæ Sulphas 1-100 grain. |
| 19 | Apomorph. Mur. 1-10 grain. | 57 | Eserinæ Sulph. 1-60 grain. |
| 20 | Apomorph. Mur. 1-20 grain. | 58 | Eserinæ Sulph. 1-80 grain. |
| 21 | Pilocarpinæ Mur. 1-4 grain. | 59 | Eserinæ Sulph. 1-100 grain. |
| 22 | Pilocarpinæ Mur. 1-8 grain. | 60 | Eserinæ Sulph. 1-100 grain. |
| 23 | Pilocarpinæ Mur. 1-20 grain. | | Morphinæ Sulph. 1-6 grain. |
| 24 | Pilocarpinæ Mur. 1-2 grain. | 61 | Physostigminæ Salicylas 1-40 grain. |
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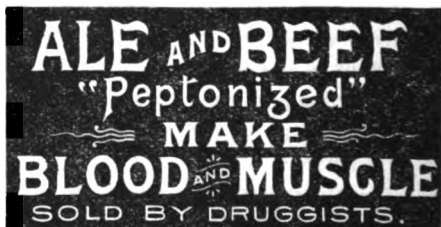
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The Infant Food Problem Solved.

NEW YORK, May 1, 1890.

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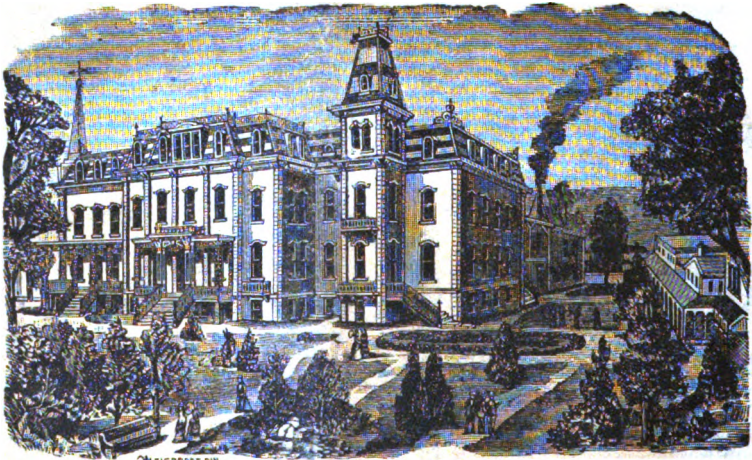
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